



SUPPORT BROKER MANUAL

Consumer-Directed Community Supports

Family-Directed Services (children)

Version: July 2019

www.familydirected.dhw.idaho.gov



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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INTRODUCTION

There are two types of Support Brokers in Idaho. One serves adults that use the Consumer-Directed Community Supports (CDCS) program. This program is described in Idaho Administrative Procedures Act (IDAPA) 16.03.13 “Consumer-Directed Services.” Most people refer to this program as “Self-Direction.”

The other type of Support Broker serves children who are eligible for Children’s Developmental Disabilities 1915i Home and Community Based Services (HCBS) - State Plan Option, commonly referred to as “Family Directed Services”. Support Brokers for both adults and children should be familiar with the adult and children’s services and rules found in IDAPA 16.03.10 “Medicaid Enhanced Plan Benefits” and IDAPA 16.03.13 “Consumer-Directed Services”.

The CDCS option allows an eligible participant to choose the type and frequency of supports they want, within parameters, negotiate the rate of payment, and hire the person or agency they prefer to provide those supports. **This manual will outline Support Broker processes specific to Family Directed Services.** Specific processes that only apply to adults will be captured in the Support Broker Manual for Self-Direction Services found on Medicaid’s Self-Direction website (www.selfdirection.idaho.gov). It is important for Support Brokers to follow the processes required for their specific client as many of the forms and expectations are different between the adult and children’s program.

Background on “My Voice, My Choice”

The Consumer-Directed Services model is based on the principles of self-determination, including the participant-driven supports philosophy called *My Voice, My Choice*. The Idaho Consumer-Directed program was ~~is~~ called *My Voice, My Choice* when first developed in Idaho. Now most people refer to CDCS as *Self-Direction* or *Family-Direction*. It is important for you to understand what *My Voice, My Choice* means.

The guiding principles of *My Voice, My Choice* are that participants have:

- Freedom to plan their own lives.
- Control over the Medicaid dollars to get the services and supports they need, within parameters.
- Support to be involved in their community, as much as they choose.
- Responsibility for the choices and decisions they make.

Purpose of Manual

This manual is written for the potential or working Support Broker and has several goals:

- Ensure that Support Brokers understand, agree with, and can state the philosophy that is the foundation of *My Voice, My Choice*.
- Provide complete and detailed step-by-step information describing the:
 - Support Broker qualifying process.
 - Function of the Circle of Support.
 - Person-centered planning process.
 - Principles of the Consumer-Directed Services.

- Ensure that Support Brokers know their required and optional job duties.
- Provide the tools necessary to do the Support Broker job.
- Provide guidelines on how to work with employers and the Circles of Support to complete a *Support and Spending Plan*.
- Clarify the procedures, processes and rules that govern the Support Broker role.

Decision-Making Authority

A parent or legal guardian is responsible for decisions made on behalf of a minor child participant in Family Directed Services. For the purpose of this manual “*employer*” refers to the parents, or legal guardian if one exists, of a minor child that is enrolled in the Family Directed Services Program.

To participate in the Family Directed Service Program, the “legal guardian” must be a guardian appointed through a court of law with court papers awarding such guardianship signed by the judge. A Power of Attorney or similar legal arrangement does not suffice.

CHAPTER ONE: GETTING STARTED

Support Broker Job Description

Support Brokers are employed directly by participants with a developmental disability. For participants that are minor children, the employer is the parent, or legal guardian if one exists, of that child. Support Brokers help their employer develop and manage their services and supports, providing support in a way that is flexible and responsive to the needs and abilities of their employer. Support Brokers also help their employers develop a *Support and Spending Plan (SSP)*, monitor their annual budget and develop back-up plans to mitigate potential risks to the health and safety of the participant. Support Broker services are defined by IDAPA 16.03.13.10.16 as *assistance to the participant in the areas of planning, budgeting and negotiating their services*.

Support Brokers are committed to a value system that supports each participant’s fundamental right to live a life of dignity, self-determination, community inclusion. Support Brokers assure the participant’s health and welfare is supported – assuring safety through a network of family members, friends and paid supports. Support Brokers help provide leadership, resources, ideas and coordination for their employers. A Support Broker has a clear focus on helping an employer identify individualized goals to increase independence and quality of life.

For information about the Idaho Administrative Rules Act (IDAPA), visit:

<https://adminrules.idaho.gov/rules/current/index.html>

The *Idaho Administrative Procedures Act (IDAPA)* rules are the legal foundation for the Department of Health and Welfare (DHW) to ensure that Support Brokers adhere to the rules and standards of care for their employer. Becoming a Support Broker will require you show you understand these rules and can apply them in writing plans. The next page details important responsibilities of Support Brokers.

Responsibilities

According to *IDAPA 16.03.13 - Consumer-Directed Services*, at a minimum, the Support Broker must:

- Participate in the person-centered planning process.
- Develop a written *SSP* with the participant that includes the services and supports that the participant needs and wants, and addresses related risks that could accompany the participant's needs and wants. The *SSP* must include a comprehensive plan for each potential risk with three back-up plans for every risk identified. This plan must be authorized by DHW before delivery of services.
- Assist the participant to monitor and review his Medicaid individualized budget.
- Submit documentation regarding the participant's satisfaction with identified supports as requested by the DHW.
- Participate with DHW's quality assurance measures, as requested.
- Assist the participant to complete the annual re-determination process as needed, including updating the *SSP* and submitting it to DHW for authorization. Home and Community Based Services requires that service plans must be reviewed AND revised annually following the assessment of needs.
- Assist the participant, as needed, to meet his participant responsibilities outlined in Section 120 of 16.03.13 and assist the participant, as needed, to protect his own health and safety.
- Complete the Department - approved *Criminal History Check Waiver Form* when a participant chooses to waive the criminal history check requirement for a Community Support Worker. Completion of this form requires that the Support Broker provide education and counseling to the participant and his Circle of Support regarding the risks of waiving a criminal history check and assist with detailing the rationale for waiving the criminal history check and how health and safety will be protected.
- Assist children enrolled in the Family Directed Community Supports (FDCCS) Option as they transition to adult DD services.

In addition to the rules stated above, IDAPA rule requires that each Support Broker must be able to provide the following services when requested by the participant:

- Assist the participant to develop and maintain a Circle of Support.
- Help the participant learn and implement the skills needed to recruit, hire and monitor community supports.
- Assist the participant to negotiate rates for paid Community Support Workers (CSW).
- Maintain documentation of supports provided by each CSW and participant's satisfaction with these supports.
- Assist the participant to monitor community supports.
- Assist the participant to resolve employment-related problems.
- Assist the participant to identify and develop community resources to meet specific needs.

It is recommended that Support Brokers maintain their own documentation of services provided and subsequently billed for each of their employers. Such documentation may be requested by your

employer or the Department in cases of contested billing, risk assessment, or concerns around the health and safety of your employer.

Limitations

Support Brokers for Family Directed Participants cannot provide or be employed by an agency that provides paid community supports as defined by the *Paid Community Support Broker Worker Duties and Responsibilities* section of IDAPA 16.03.13.135.05. When an individual receives Case Management from Family and Community Services, the Support Broker cannot duplicate the services provided by the Case Manager. Additional Support Broker limitations applicable when employed by participants receiving Self-Direction can be found in the Support Broker Manual for Self-Direction.

The Qualification Process

Individuals interested in becoming a Support Broker need to remember that there are a few options to consider. You can be a Support Broker just for adults who are eligible for the Self-Direction program. You can be a Support Broker just for children who qualify for children's support services. You can be a Support Broker for both populations. Depending on what you choose will influence how you apply and what you need to learn to become qualified as a Support Broker in Idaho.

If you choose to only work with adults:

The Support Broker job description, application and application instructions are on the Self-Direction website at: www.selfdirection.idaho.gov. Support Brokers can find many of the forms, guidelines and processes they will need on this website.

If you choose to only work with children:

The Support Broker job description, application and application instructions are on the Family-Directed website at: www.familydirected.dhw.idaho.gov. Just like on the adult Self-Direction website, you will find many resources on the children's program.

If you want to work with both adults and children:

Both applications and certification processes must be successfully completed to work with both populations. Each Support Broker application and qualification process will result in separate certificates of qualification. You cannot start to provide Support Broker services for either population until you have received your Notice of Support Broker Qualification for the specific population.

Both Support Broker types must meet the criteria below:

- Are 18 years of age, or older.
- Have skills and knowledge typically gained by completing college courses, community classes or workshops that count toward a degree in the human services field.
- Have at least two years of verifiable experience with the target population and knowledge of services and resources in the developmental disabilities field.
- Pass DHW's criminal history background check.

Under the Family-Directed Services option, a qualified parent or legal guardian of a minor child may act as the child's unpaid Support Broker

Criminal History Check

According to *IDAPA 16.05.06.100.27*, DHW has the responsibility to ensure criminal history checks are conducted for Support Brokers. The intent of these rules is to facilitate the protection of children and vulnerable adults by requiring criminal history checks of persons providing services for these participants. DHW will ensure that applicants meet criminal history check requirements prior to qualifying an applicant to become a Support Broker and approving service provisions.

A DHW Criminal History Background Clearance does not mean an individual has no criminal record.

You will find directions for obtaining a DHW Criminal History Background Check the Family Directed website called "How to Apply to be a Support Broker".

People who have felony convictions or been a party to a valid child or adult protection complaint cannot work or provide service to Consumer-Directed Services participants unless an exemption is granted by the DHW Criminal History Unit. Individuals convicted of other crimes will be evaluated on a case-by-case basis and may be granted an exemption. No exemptions will be granted for the "disqualifying offenses" listed below:

Disqualifying Offenses

A disqualifying offense is an offense that precludes an applicant from providing services or receiving a background check "clearance". If an applicant is found to have a disqualifying offense listed below, they will be issued an "unconditional denial" and will not be allowed to provide services or receive licensure or certification. An "Unconditional Denial" will be issued for the following disqualifying offenses:

Disqualifying Offenses – Permanent

If a person, as an adult or juvenile, has a conviction or withheld judgment of any crimes on the disqualifying offenses list or has any of the findings below, regardless how long ago it occurred, (s)he will be excluded from being a Medicaid provider and will not pass the background check.

- Abuse, neglect, or exploitation of a vulnerable adult;
- Aggravated, first degree and second-degree arson
- Child Abuse Registry listing Level 1 or 2
- Crimes against nature
- Forcible sexual penetration by use of a foreign object
- Incest
- Injury to a child, felony or misdemeanor
- Possession of sexually exploitative material
- Sexual abuse or exploitation of a child
- Negative finding on Nurse Aide Registry
- Any felony punishable by death or life imprisonment
- Inducing individuals under 18 years of age into prostitution or to patronize a prostitute
- Manslaughter: Voluntary, Involuntary or Felony Vehicular Manslaughter
- Murder in any degree; or, assault with intent to commit Murder
- Attempt, conspiracy, accessory after the fact or aiding and abetting to commit any of the Disqualifying offenses
- Poisoning

- Rape; in any degree
- Robbery
- Felony or first degree stalking
- Sale or barter of a child
- Video voyeurism
- Enticing of children
- Kidnapping
- Lewd conduct with a minor
- Mayhem

Disqualifying Five-Year Offenses

If a person, as an adult or juvenile, has a conviction or withheld judgment of any crimes on the disqualifying five-year offenses list, and the conviction date is within five years of his or her background check, (s)he will be excluded and will not pass the background check.

- Any felony not described on the permanent disqualifying offenses list
- Misdemeanor forgery of and fraudulent use of a financial transaction card
- Misdemeanor forgery and counterfeiting
- Misdemeanor identify theft
- Misdemeanor insurance fraud
- Misdemeanor public assistance fraud
- Stalking in the second degree
- Misdemeanor Vehicular Manslaughter (effective 7/1/2012)
- Attempt, conspiracy, accessory after the fact or aiding and abetting to commit any of the Disqualifying Five Year offenses

Support Brokers must report to the Department and their employer if they are charged with any criminal activity that might impact their ability to work with vulnerable adults or children. According to IDAPA 16.03.13, Support Brokers are required to report this charge immediately to their employer, the employer then is required to report it to DHW immediately. A substantiated charge of abuse, neglect, exploitation, or a criminal conviction of any crime which would disallow a person from being a provider to DHW participants, must be reported to their employer immediately.

Training

Once an application is approved, the applicant will receive approval to participate in DHW sponsored Support Broker training and instructions on how to enroll. DHW sponsored training is free of charge and available through Family and Community Services (FACS) offices. DHW led Support Broker training is optional for Support Brokers who choose to serve adult participants only, but mandatory for all Support Brokers that serve children. Follow the instructions listed on the training approval to schedule the next available training.

Q: Why do I need training to be a Support Broker?

A: A Support Broker must pass an exam prior to providing any paid services to the participant. Taking the training courses provided by the Department will help you pass the exam and is mandatory to serve children.

The Support Broker Qualification Examination

All Support Brokers will need to take a written test in a DHW office. This qualification exam is based on the Consumer-Direction philosophy, rules, guidelines and procedures. The exam incorporates information from the Support Broker Training and the *Support Broker Manual*, with questions regarding the Family-Direction and/or Self-Direction programs. There is no charge for the examination.

The exam is completed in two sections. The first portion of the exam is taken at a Department office and is a closed-book exam. Once this part is completed, the applicant will complete the second portion, which is a take-home case study. The take-home portion requires that the applicant develop a *Support and Spending Plan (SSP)* that will meet criteria for authorization.

Please note when completing both parts of the exam:

- The written, proctored exam is a “closed-book exam”. Books or other written material, cell phones, backpacks, purse or hand-held electronic devices are not allowed in the exam room for the closed-book part of the exam.
- The date and time must be scheduled in advance with the regional trainer. Walk-ins will not be accepted.
- The test is offered during regular business hours and takes up to 90 minutes to complete.
- A photo identification must be presented at the time of the exam.
- The exam will be taken in a private room and must be completed in ink.
- The regional trainer will be available to provide assistance during the exam, but does not need to remain in the same room.
- Once the applicant has completed the closed-book part of the exam, the trainer will provide a case study and *Workbook* from which the applicant is responsible for completing a *SSP*.
- The applicant can use any resources to complete the *SSP* *however must be completed by the applicant*.
- The *SSP* must be completed and submitted within 5 working days.
- Once the plan meets approval criteria as defined by this manual and is completed to your satisfaction, scan and email to:

For the children's program: CDSO@dhw.idaho.gov.

- Both the closed-book exam and the case study will be graded by DHW staff.
- A passing score is 70% or better on both parts of the exam.
- The applicant will receive a written notice stating exam results.
- If the exam is failed, it can be taken up to 3 times in a 12-month period.
- A consultation with the regional trainer can be requested to determine what areas of the test were problem areas that resulted in score of less than 70%.
- If the applicant fails the exam 3 times, (s)he must wait 12 months from the last failed exam date to re-take it and may be requested to submit an updated Support Broker application.

Public Support Broker List

The DHW website for both Family Direction and Self Direction have a master list of available Support Brokers statewide. Please make sure you communicate with the Department if you want your name made public on this list or if you would like your name removed. The contact information will be on your Notice of Qualification.

Upon receiving the *Notice of Qualification*, a Support Broker will be qualified to work for adult participants and/or for parents or legal guardians of minor children. This letter will serve as proof of qualification, a Support Broker will present it to an employer and to the Fiscal Employer Agent (FEA) when (s)he completes the *Employment Packet*.

Annual Re-Qualification

Every Support Broker must apply to re-qualify every year. Your specific anniversary date for when re-qualification is needed is one year from the qualification date provided in the original *Notice of Support Broker Qualification*. In order to be re-qualified as a Support Broker, the following must be submitted 45 days prior to the expiration of your current qualification notice:

- If you are a children's program Support Broker, the application for re-qualification, is located at: www.familydirected.dhw.idaho.gov.
 - **REMEMBER: Support Brokers working with for children and adult participants must submit a requalification application to both the Family-Direction and Self-Direction programs.**
- Documentation that you have completed a minimum of 12 hours of training in subjects specific to Support Broker job duties and responsibilities; aligning specifically with the human services field. Documentation can be provided by :
 - Signed Certificates of completion
 - Continuing education units (CEUs)
 - Signed verification of course completion
 - Report cards from an educational institution
- Training may be taken through:
 - DHW
 - Agencies contracted with DHW
 - Community education classes
 - Seminars
 - Conventions
 - On-line training
 - Teleconferences
 - Workshops
 - Private trainers
 - College courses
 - Self-study
- Training subjects can include, but are not limited to:

- Person-centered planning and related topics
- Budget development and budget monitoring
- Employment issues
- IDAPA rules and/or Medicaid policies
- Conflict resolution
- Maintaining a Circle of Support
- Community resource identification
- Integration

Training subjects must be specific to the human service field. Support Brokers are responsible for determining what trainings meet the qualifications for their continuing education. Questions regarding what trainings would qualify as continuing education can be emailed to the CDSO inbox at CDSO@dhw.idaho.gov for children Support Brokers or the SDSBA@dhw.idaho.gov for adult Support Brokers.

A Support Broker may complete a maximum of 6 hours a year (of the required 12 training hours) through self-study. For Self-Study hours to be utilized, the Support Broker must submit a comprehensive synopsis of the self-study information, including written description of the material, its location, and specifics of how it applies to Support Broker job duties.

The Department does not have an automated system designed to remind Support Brokers their re-qualification material is due – Support Brokers are responsible for remembering this responsibility. If this material is not submitted, the Support Broker qualification will expire on its anniversary date, a closure letter will be sent, and the Support Broker will no longer be qualified to provide or bill for Support Broker services.

Q: How soon do I need to submit an application for re-qualification?

A: 45 days prior to the expiration date of the current Support Broker Qualification Notice.

Approval of Re-Qualification Application

If the re-qualification application is approved, a notification letter stating Re-Qualification for each population served will be sent prior to the expiration of the current qualification.

Denial of Application

If the re-qualification application does not clearly demonstrate at least 12 hours of on-going training related to Support Broker responsibilities, a notice will be sent that further documentation or additional training is necessary before a person continues to act or work as a Support Broker. This letter will contain specific information to the case. A Support Broker's current qualification will lapse on the annual renewal date and they cannot bill or be paid for Support Broker services until they receive a *Notice of Continuing Qualification*.

A person will not be able to continue to act or work as a qualified Support Broker if (s)he has been convicted of a criminal charge which disqualifies him or her from providing Medicaid services or if there is a substantiated report in which they have been found to be the perpetrator in a case of abuse or neglect against a child or vulnerable adult.

Quality Assurance

Support Broker functions are integral to the success of individuals in Consumer-Directed Community Supports. All Support Brokers must be experienced in working with individuals with developmental disabilities and knowledgeable of resources and practices in the field. They must perform the functions required by IDAPA rule and additional functions as needed by their employer.

Support and Spending Plans (SSP) are reviewed by the Department to assure that the participant's needs are met and significant risks are addressed. A monitoring review/survey of Support Brokers and their participant files is completed to assure compliance with rules, procedures and policy. Participants and their families will be surveyed to collect information regarding satisfaction. When issues of concern are identified in the participant and family satisfaction surveys, review of complaints and/or *SSP* reviews, the participant may be selected for an enhanced quality assurance review.

Support Brokers can receive a Request for a Corrective Action Plan (CAP) if they are found to be out of compliance by the Department. This request will outline the identified problem(s), what has to occur to resolve identified concerns, and timelines in which these must occur. Failure to satisfactorily complete the CAP can result in termination of the Support Broker's qualification.

Terminating a Support Broker Qualification

The Department of Health and Welfare, Division of Medicaid, may terminate a Support Broker *Employment Agreement* at any time. In most cases, remediation will be attempted prior to revocation. Termination may occur in the event that a Support Broker fails to perform his or her job duties adequately despite a plan of correction. Support Broker qualifications will be terminated if a Re-Qualification application is not submitted, required Support Broker duties are not being completed, or other concerns identified on a Corrective Action Plan.

CHAPTER TWO: STARTING THE JOB

The Employer

Medicaid rules state that the Support Broker's employer is a Medicaid participant (or the parent or legal guardian of a minor child) who has a developmental disability and is in need of developmental disability services.

Participants can choose the Consumer-Directed Services option or the Traditional Model option in order to receive services for individuals with developmental disabilities. Consumer-Directed Services allow participants to have greater freedom to manage their own care within defined parameters. Participants must hire a Support Broker to act as an ongoing link between DHW, Community Support Workers, vendors, the Fiscal Employer Agent, and other persons as necessary.

The Fiscal Employer Agent

Employers must purchase financial management services from a Fiscal Employer Agent (FEA) to participate in the Consumer-Direction option. The chosen FEA provides financial support to participants by:

- Tracking individual expenditures.
- Monitoring overall budgets.
- Performing payroll services.
- Completing employment related documentation and tax responsibilities.

Getting Paid Through the Fiscal Employer Agent

The FEA issues paychecks on behalf of an employer. Contact the FEA chosen by the employer directly for assistance filling out the forms or for questions regarding your paycheck.

To recap: In order to be paid, a Support Broker must have completed the following steps:

1. Passed the exam and received a written notice that they have qualified.
2. Submit required, accurate documents with the FEA, including a signed *Employment Agreement*.
3. Received their Employee Identification Number (EIN) from the FEA.
4. Be enrolled with the FEA.
5. Have an EIN issued by the FEA.
6. Their employer has reviewed and signed the Support Broker time sheets.
7. Have submitted a complete and signed time sheet to the FEA or submitted time worked via the online portal available on the FEA website.

Support Brokers are paid according to the time schedule provided by the FEA, pay can only be for actual hours worked. Support Brokers must have their time sheet signed and submitted by specified, predefined dates to ensure payment at the next payroll day. Another option for submitting your time is to use the FEA web site portal, which is the quickest and preferred method of submission. Support Brokers can only provide one service, that of a Support Broker, which is coded as SBS. A Support Broker can get paid different hourly wages for different Support Broker services, using a qualifying sub-code. However, please remember the pay rate cannot exceed the \$18.72 per hour before taxes for any sub-code.

Submitting the Enrollment Packets

Once a Support Broker is hired, they will complete an *Employment Agreement* with their employer and their employer's chosen Fiscal Employer Agent (FEA). Payment cannot be made for any service, including for Support Brokerage, until the Support and Spending Plan is approved by the Department and the Enrollment Packet and Employment Agreement is completed and accepted by the FEA.

The Support Broker FEA Enrollment and Employment Agreement packets are available from the participant's chosen FEA and is also available on the FEA's website. All information is to be completed and submitted to the FEA. Employers will receive training from the FEA on how to complete forms for enrollment and forms for their employees. Support Brokers must ensure their employer has enrolled with the FEA before they complete their *Support Broker Employment Agreement* and FEA enrollment. Below is a step-by-step guide to the enrollment process:

FEA Enrollment Process for the Employer

The Participant:

1. Sets up the required Family Directed Guide Training with the Department.
2. Sets up training with the FEA of their choice.
3. Completes training and enrollment with the FEA.
4. Completes and submits the FEA enrollment packet.

The FEA:

- Reviews the packet. If there are errors or the packet is incomplete, the FEA will return the forms for correction and resubmission. Errors and incomplete forms will delay the process significantly; accuracy is critical.
- Notifies the participant of successful enrollment.
- Provide the participant with a FEA Training Certificate.
- Mails the participant their *Employer Identification Number (EIN)*. This number is used on all time sheets for the Community Support Workers (CSWs) hired by the employer, including the Support Broker.

It is the Support Broker's responsibility to ensure all paperwork they submit to the FEA is accurate and complete. Errors will delay processing.

FEA Enrollment Process for Employees

Employers will receive an *Employer Identification Number (EIN)* when they enroll with the FEA of their choice. The Support Broker and other CSWs can now enroll. Employers can submit their own enrollment packets simultaneously with the packets of their employees. Support Brokers and other CSWs receive enrollment and related forms directly from their employer.

Support Broker or other employees will complete the forms as needed. These forms include state and federal tax withholding information and information regarding timesheets and payment. The employee may submit the completed forms to the participant or Support Broker who submits the completed forms to the FEA, or the employee may submit their completed forms directly to the FEA. The FEA will review all of the forms.

The Support Broker will sign two *Employment Agreements*:

1. The Medicaid Support Broker Agreement.
2. The Participant Support Broker Employment Agreement.

Employment Agreement templates have been authorized by the Department. Templates of these agreements can be found on the FEA's websites. The *Medicaid Support Broker Agreement* will be part of the employment packet from the FEA once the Support Broker has been hired by a participant. The *Participant-Support Broker Employment Agreement* is filled out with the employer when they reach an agreement regarding job duties. The employer will negotiate the hourly Support Broker wage. The maximum wage for Support Brokers is \$18.72 per hour however a lower hourly wage can be negotiated. An employer can pay different hourly rates for different services performed. A Support Broker cannot provide any other paid services to an employer outside of the Support Broker duties listed on the *Employment Agreement* and *SSP*. The budget for Support Broker duties should not jeopardize the budget needed for other support services.

Items that must be in the *Participant - Support Broker Employment Agreement* include:

- How often a task will be performed and the approximate time each task will take.
- How often the Support Broker will meet with their employer and the Circle of Support.
- Required and requested employment duties, according to IDAPA 16.03.13 (listed in Ch. 1).
 - Identify under each service or task on the *Employment Agreement* how this activity will be accomplished specific to each employer.
 - Signature of their employer and their legal guardian, if applicable.
 - Identify if the Support Broker will be required to provide written documentation of their service delivery. It is strongly recommended that Employers identify this as a requirement for their protection as well as the protection of the Support Broker should questions or concerns arise about the services they provide.

Suggestions for drafting an *Employment Agreement*:

- Identify and list what services will be accomplished and coordinated for the employer.
- Specify how often the Support Broker will meet with his or her employer, how often they will have phone contact and how many hours a month the Support Broker expected to spend in direct contact with the employer.

- List the required job duties and how much time these duties are expected to take.
- List and prioritize additional tasks as agreed upon by the Support Broker and the employer, when requested.
- Approximate how many hours a week/month will be needed to complete the additional tasks.
- Determine if the amount of total time a week/month for required and additional tasks fall within the employer's expectation of what Support Broker services will cost. If it doesn't fall within the employer's expectations, make adjustments.
- List the current negotiated wage (maximum wage amount is \$18.72 per hour before taxes).

Note: Under the Family-Directed Services program, parents/legal guardians may act as unpaid Support Brokers for their minor child only if they qualify for and obtain a Support Broker qualification.

Q: What if more than one participant wants to use my services?

A: You may have more than one employer, however, regardless of how many you serve, you must maintain high quality services. You must fulfill all requirements with each employer thoroughly and timely and maintain the privacy of each participant. You will complete an Employment Agreement packet for each employer who receives your Support Broker services.

The Good News

"When do I get my first pay check?" is a natural question most people ask when they start a new job. The first paycheck a Support Broker will receive includes all the hours put into developing the *Support and Spending Plan*. Your *Employment Agreement* details the hours including:

Meeting with the employer and the Circle of Support.

Helping the employer fill out the *My Voice, My Choice Workbook*.

Researching and calculating rates for services and prices of goods that need to be purchased.

A Support Broker will need to track all the time (s)he spends on support broker duties prior to the authorization of the *Support and Spending Plan*.

The Not-So-Good News

Support Brokers cannot be paid until the *Support and Spending Plan (SSP)* is authorized by the Department; therefore, they will be doing work initially for payment at a later date. After the SSP is authorized, Support Brokers may submit their first time sheet with the total number of hours they worked to that point. The first time sheet has to be dated after the date the SSP was approved, as Medicaid can't pay for services that occurred prior to authorization. The first paycheck to a Support Broker will reflect the hours authorized to meet with the Circle of Support and develop the SSP. A Support Broker cannot be paid more than 40 hours of work per week or for duties out of the scope of a Support Broker (e.g., transportation).

In the children's program, when transitioning from Traditional DDA services to FDS, your Case Manager will continue to work with you and your Family-Direction Case Coordinator to ensure a smooth transition. The traditional model *Plan of Service* will never overlap with the SSP.

To Recap:

When a Support Broker gets hired by a new employer and/or for each year after when they write the annual Support and Spending Plan, the Support Broker will bill for the services they provided to get

that plan developed and approved once the plan is authorized. Often (s)he will enter hours in one or two blocks of hours. For all other Support Broker services, billing will occur after the work is provided.

At no time should a Support Broker bill in advance for services not yet worked. If an employer approves Support Broker hours for payment that have not occurred, the employer could be referred for a Corrective Action Plan and possible removal from the Consumer Directed Services Option due to engaging in fraudulent activities. A Support Broker who attempts to bill for services not yet provided may be referred for a Correction Action Plan and risks non-renewal of their Support Broker Certification.

CHAPTER THREE: THE SUPPORT AND SPENDING PLAN

Support Brokers who work with minor children and their families and those who work with adults will need to know how to develop Support and Spending Plans. Although there may be some similarities in helping the Circle of Support to identify goals and needs; there are many differences between a child's plan and an adult's plan. If you intend to work with both children and adults, please refer to the Self-Direction website for manuals, documents, and additional information.

Current forms and policies that guide Support and Spending Plan development are available at:

Family-Directed Services:

<http://healthandwelfare.idaho.gov/Medical/DevelopmentalDisabilities/Family-DirectedServices/tabid/213/Default.aspx>

Steps to Develop a Support and Spending Plan

The *Support and Spending Plan (SSP)* is the key to an employer's ability to manage their paid Medicaid services. The intent of the SSP is to ensure the participant gets the help they need to become as independent as possible. The SSP must include goals that the participant wants to prioritize during the next year that support increased independence. The plan also includes information about what can be done to reach goals without paid supports and services (i.e., through natural supports).

The Support and Spending Plan is a combination of paid DD services as well as unpaid or natural supports. In addition, the SSP should include important supports and services that are paid for by another source.

This might include their Medicaid card that covers needed medicines or treatments, mental health supports, or vocational support when they are at work.

The Circle of Support

The first step in building a SSP is to identify a Circle of Support. According to IDAPA 16.03.13, the Circle of Support consists of people who encourage and care about the participant and are willing to help develop the SSP. Work the Circle performs on behalf of an employer is not paid.

The participant's Circle of Support should be built and operated with the primary goal of working in the interest of the participant. The group's role is to give and get support for the participant and to develop a plan of action, along with, and on behalf, of the participant to help the participant accomplish his personal goals.

A Circle of Support may include family members, friends, neighbors, co-workers and other community members. Members of the Circle of Support will be chosen by the participant and commit to:

- Helping promote independence and improve the life of the participant in accordance with the participant's choices; and
- Meeting on a regular basis to assist the participant to accomplish expressed goals.

Natural Supports

Natural Supports refer to services and supports that the SSP doesn't pay for. A friend who might drive an individual to an activity may not want or need to be paid – that friend is providing a natural support. Sometimes a friend or trusted family member might be willing to do things that a Support Broker would typically provide such as reviewing spending reports or helping fill out an employment contract. A natural support may perform any duty of the Support Broker as long as the Support Broker still completes the responsibilities required in rule. A natural support may also perform any task for the participant as long as they are qualified and possesses the necessary training or certification. Supports provided by a natural support must be identified on the participant's *SSP*, but time worked does not need to be recorded or reported to the Fiscal Employer Agent (FEA), as they are unpaid.

Use the Guide Manuals

The *Guide to Family-Direction* is the handbook for families and legal guardians with a minor child participant in the Family-Directed Services Option. The *Guide Manual* is given to each participant during the Guide Training. These *Guide Manuals* give specific directions and instructions for participants and suggest that they use their Support Broker to help identify members of their Circle of Support. It is important that participants use natural (unpaid) supports as much as possible as each participant has a limited budget. The Support Broker fee must comprise only one small part of that budget.

The Person-Centered Planning Process and the *My Voice, My Choice Workbook*

Person-centered planning is the foundation of consumer-driven support planning. Person-centered planning means that a participant's needs and goals define the *Support and Spending Plan (SSP)*. The *My Voice, My Choice Workbook (Workbook)* prompts the Circle of Support to focus on the participant.

The *Workbook* helps employers identify how they want to spend their individualized budget. An employer may ask for help when filling out the *Workbook*. Each participant will be given a copy of the *Workbook* during training. The *Workbook*:

- Can be downloaded from the family-direction web site.
- Should be used to help an employer identify long-term goals and needs.
- Should contain both long and short-term goals.
- Will assist an employer break down long-term goals into short-term tasks that can be accomplished within the one-year time span of their *SSP*.
- Will become the foundation of the *SSP*.
- Must be returned with the completed *SSP* to the FACS Case Coordinator for minor child participants. Make sure your employer makes a copy of the *Workbook* and the *SSP* before turning them in to the Department.

Support Brokers need to be mindful of how much time they spend with their employer helping with the *Workbook*. Identify how many hours it will take to complete the person-centered planning meetings and help with the *SSP*. These duties and hours must be included in the *Employment Agreement*.

Your employer may need the help of other professionals to complete portions of the *Workbook*. The *Workbook* includes information on health and safety risks and needs. While reviewing the *Workbook*, please note how much time is needed in gathering health and safety information from others. Make sure this time is included in the *Support Broker - Employment Agreement*.

The Individualized Budget

The individualized budget is the amount of Medicaid money that each individual can spend annually to purchase allowable supports and services. The individualized budget is set through a specific process based on each participant's assessed and identified needs. Participants are advised of their budgets in the eligibility approval letter.

Support Brokers need to know the individualized annual budget amount for each employer and ensure the services and supports don't exceed that amount prior to submitting a *SSP*. Participants cannot exceed their annual budget. If their employers cannot budget their expenses to fit within their individualized budgets, their Support Broker will need to help them review their options. For more information on this process please visit:

<http://healthandwelfare.idaho.gov/Medical/DevelopmentalDisabilities/ChildrensDDServices/tabid/1017/Default.aspx>

Calculate Allowable Expenses

The individualized budget will be used to purchase an employer's authorized supports and services. The budget must also pay for the FEA, Support Broker services, Community Support Worker services, and necessary equipment and supplies. The *SSP* provides worksheets to help with necessary budgeting. The Community Support Worker (CSW) provides identified supports to the participant. If the identified support requires specific licensing or certification within the State of Idaho, the CSW must have the applicable licensing or certification.

Support Brokers should help their employers figure out the costs of each service they want to use. The Support Broker is responsible to make sure each service is allowable, according to IDAPA 16.03.13 and guidelines distributed by the DHW. The adult and children's program have separate guidelines as allowable expenses for adults and children are different. The FDS Allowable Expense sheet also includes information on the process to obtain goods, including information on Durable Medical Equipment.

Identified supports include activities that address the participant's preferences and needs for: ***Each category that is relevant to the plan should include qualifications required to carry out the goals of the category.***

- **Personal support** to help maintain health, safety and basic quality of life;
- **Relationship support** to help establish and maintain positive relationships with family members, friends, spouse or others in order to build a natural support network and community;
- **Emotional support** to help learn and practice behaviors consistent with goals and wishes while minimizing interfering behaviors;

- **Transportation support** to help accomplish identified goals, participants can pay a Community Support Worker for miles that they drive or pay them by the hour while transporting them to and from services and activities approved on the SSP; You can bill for transportation in the following ways:
 - **Transportation Support Services (TSS):** An hourly rate includes both the mileage rate and hourly wage paid for any direct service be provided while driving.
 - **Transportation Mileage Reimbursement (TSM):** Mileage is paid separately and can be billed at the same time as an hourly wage service when the hourly wage is being paid for a direct service while driving.
- **Adaptive equipment** identified in the participant's SSP that meets a medical or accessibility need and promotes increased independence; and

Support Brokers are responsible for knowing which expenses are, and which are not, allowed by the Department and the Consumer-Directed Program. There is a significant difference between allowable expenses of the Self-Direction and Family-Direction Programs.

Review Rates and Budgeting

Support Brokers can help their employer negotiate wages and rates when requested. Participants are not bound by previously negotiated Medicaid rates, but cannot pay over fair-market rates for their supports and services. As long as those services are allowable under the Medicaid rules and guidelines, the cost is negotiable. The Idaho Department of Labor is a good resource in determining a fair-market rate.

In the children's program, Family-Direction, the annual maximum rate of pay per hour for each employee and contractor must be listed on the SSP under the appropriate support category. The employer may start the CSW out at a lower wage and give raises through the year to reach the maximum listed on the SSP. If an employer wishes to go above the rate on the SSP, he or she must submit a *Plan Change Form* to the Case Manager/Coordinator. If approved, the employer will need to submit a new *Employment Agreement* to their FEA. The new rate of pay is now considered the annual maximum and cannot be exceeded. When negotiating wages, fair market wage will be compared against the service the CSW is being requested to provide.

Support Brokers will need to closely monitor spending by their employers if a new Employment Agreement was submitted mid-plan year. Without close monitoring, an employer might overspend a category and run out of money before the plan year ends. This would represent a potential risk to health and safety because a lack of funding could cause a gap in services. In addition, Support Brokers must be aware of all pay rates to ensure those rates do not exceed allowed levels.

The SSP includes specific worksheets for budgeting. These worksheets should be used to help an employer calculate the cost of each paid service/support. Instructions on how to use the budgeting sheets are included in the SSP. Support Brokers should help their employer by remaining knowledgeable about community resources.

Employer's Taxes

When an employer hires a CSW to provide hourly services, the employer is responsible for paying payroll "withholding" taxes, which are computed as a percentage of the negotiated hourly wage. These costs are paid through an individual's budget. This additional cost is the employer's share of Social Security, Medicare, and federal and state unemployment taxes. This additional amount needs

to be included in the hourly wage on the *SSP Authorization* pages, and represents the total cost for each hour worked by a CSW. The rate of the employer taxes is subject to change annually, and typically ranges between 11-13%. The FEA will include a chart in the enrollment packet which will help calculate employer taxes based on an hourly rate of pay. Employers can use this chart when filling out their *SSP* budget amounts. For example, if an employer is paying a CSW \$10.00 per hour, and the employer taxes are 12%, the total amount budgeted on the *SSP*, is \$11.20.

$$\text{\$10.00} \times .12 = \text{\$10.00} + \text{\$1.20} = \text{\$11.20}$$

Employers don't pay payroll taxes for independent contractors, vendors or agencies as they are all types of contractors. The IRS and federal and state labor laws prohibits paying employees, such as a CSW, as independent contractors. Misclassified employees will not receive protections to which they are entitled, such as family and medical leave and unemployment insurance. Additionally, they will be responsible for a larger tax burden. Under Idaho law, an independent contractor is free from direction and the employer does not control how the work is performed. An example of a contractor could be an established hippotherapy provider, a service in which the employer purchase services, but does not create a detailed job description telling staff when, where and how to do their job. Rather the participant will receive the service as created and controlled by the hippotherapist.

Some Idaho laws also require that independent contractors be established businesses, which may include having business expenses and income. IRS *Publication 1779* gives guidelines to employers in determining whether a specific individual is a contractor or an employee. If an Employer is unsure whether an individual is an employee or an independent contractor, (s)he may contact a local Idaho Department of Labor tax representative for guidance.

Calculating Sales Tax

Employers will need to pay sales tax on goods purchased from a vendor.

$$\text{\$50.00} \times .06 = \text{\$3.00} \rightarrow \text{\$50.00} + \text{\$3.00} = \text{\$53.00}$$

Goods and Supplies for Children

To be considered for funding under the Family-Directed Services program, goods and services require written recommendation from a licensed medical practitioner, occupational therapist, physical therapist, speech language pathologist or psychologist stating that the purchase meets the criteria below:

- Safe and effective treatment that meets acceptable standards of medical practice.
- Needed to optimize the health, safety and welfare of the child.
- Least costly alternative that reasonably meets the child's need.
- For the sole benefit of the child.

Goods and services must also meet the criteria below. The good or service must:

- Maintain the ability of the child to remain in the community.

- Enhance community inclusion and family involvement.
- Decrease dependency on formal support services and thus increase independence of the child.

All services must be required to meet the child's needs directly related to their developmental disability as identified on their annual *Support and Spending Plan (SSP)*.

The SSP must not include a request for goods and services as a substitute for human assistance and request the same type of assistance from a person. Additionally, a SSP should not include request for human assistance when there is a previous approval for goods and services as a substitute for human assistance unless justified.

Be specific when requesting goods, for example, don't request an augmentative communication device and "accessories" rather; specify the make and model of the good and itemized information regarding requested accessories.

In the Family-Direction Program, all durable medical equipment and supplies over \$100.00 must first be requested through a Medicaid vendor according to Medicaid's Durable Medical Equipment (DME) policy. If the good is not eligible for funding through the DME program, funding can be considered through the FDS program. To be considered for funding through the FDS program, a Notice of Decision stating the denial must be submitted with the request. In some cases, it will be recommended the employer appeal the DME decision rather than submitting through the FDS program. If the item is not typically funded through Durable Medical Equipment, it is not necessary to request funding through a Medicaid vendor.

Vendor Payments for Ongoing Services or Goods

Vendors can be paid up to 3 months in advance for ongoing goods or services. The Case Coordinator will authorize 12 months of services on the SSP, but the employer/Support Brokers will only be able to submit *Vendor Requests Forms*, which request payment for services and goods in up to 3-month increments. Prepayments should not be made unless necessary.

Developing the Support and Spending Plan: What Must Be Included?

According to IDAPA 16.03.13, participants, with the help of their Support Broker, must develop a comprehensive *Support and Spending Plan (SSP)* based on the information gathered during the person-centered planning meeting. The SSP is not valid until authorized by the Department.

The SSP must include the following:

- Annual Goals: Goals must support the participant in his or her choice to live as independently as possible in the community. Goals must be concrete, realistic and describe the support being provided.
- Details on tasks or parts of tasks that the participant can perform independently, without a paid support.
- All natural supports available for assistance.
- Paid supports must be:
 - A safe and effective treatment that meets acceptable standards of medical practice.
 - Needed to optimize the health, safety and welfare of the participant.
 - The least costly alternative that reasonably meets the participant's need.
 - For the sole benefit of the participant.

- Goods and services must:
 - Maintain the ability of the participant to remain in the community.
 - Enhance community inclusion and family involvement.
 - Decrease dependency on formal support services and thus increase independence of the participant.
 - Paid or non-paid Community-Direction program supports must focus on the participant's wants, needs and goals in the following areas:
 - Personal health and safety including quality of life preferences.
 - Establishing and maintaining relationships with family, friends and others to build the participant's Circle of Supports.
 - Practicing ways to recognize and minimize interfering behaviors.
 - Practicing and maintaining existing skills to accomplish set goals.
- Support needs such as:
 - Community involvement.
 - Responses to emergencies, including access to emergency assistance and care.
 - Adaptive Equipment needed to support developmental disability concerns.

Person-Centered Planning

Following the principals of person-centered planning, the *SSP* must reflect the wants, preferences and needs of the participant.

In the Family-Direction Program, the planning process is facilitated by the participant's parents or legal guardian. Additional services received outside of the Children's Developmental Disability Program should be listed on the *SSP*. For example, goods purchased through the DHW Durable Medical Equipment Unit, transportation, physical therapy, occupational therapy and speech language therapy services all must be on the *SSP*, however, they don't have to be carried over to the authorization page be deducted from the *SSP* budget. Through these supports and services, the *SSP* must clearly demonstrate how:

- The child's assessed needs are being met, and
- Services and supports, paid and unpaid, are ensuring the child's health and safety.
- All health and safety needs must be addressed in the *SSP* for both children and adults.

In certain circumstances, a *SSP* may identify the need for two Community Support Workers (CSWs) to complete the same task at the same time during any part of the support schedule. A Case Coordinator may authorize this request when there is documentation attached regarding:

- A detailed description of why the participant's health and safety cannot be assured without a second CSW.
- A notation that the *SSP* costs are within the participant's assigned budget.
- The use of the second CSW provides for the participant's needs without using a more costly support. The *Two CSWs Form* must be completed when two CSWs bill at the same time for the same task and must be attached to the *SSP*. The use of two CSWs must also be noted within the *Support Plan* sections of the *SSP* and on the *Employment Agreements* for each CSW.

- Risks or safety concerns in relation to the identified support needs on the participant's plan. The plan must specify the supports or services needed to address the risks for each issue listed, with at least three backup plans for each identified risk to implement in case the need arises;
- Sources of payment for the listed supports and services, including the frequency, duration and main task of the listed supports and services; and
- The budgeted amounts planned in relation to the participant's needed supports. Community Support Worker *Employment Agreements* submitted to the FEA must identify the negotiated rates agreed upon with each Community Support Worker along with the specific support being purchased, the frequency and duration that the support will be provided, and the payment increment. The FEA will compare and match the *Employment Agreements* to the appropriate support categories identified on the initial spending plan prior to processing time sheets or invoices for payment.
- Supporting documentation from the participant's treatment team is important to include. As an example, if the need for 2:1 staffing is due to a mobility concern, clarification of the need and potential risks that 2:1 staffing would prevent may be best addressed by the physical therapist or primary care physician.

To recap: a Support Broker can attach a request for 2:1 CSW staffing to a Support and Spending Plan or a Plan Change at any time during the plan year. Supporting documentation should be attached to ensure 2:1 staffing is the right service, to achieve the right outcome and is costed at the right price.

Employment Agreements need to be completed every year with the annual Support and Spending Plans.

Case Coordinators will approve these types of requests on a case-by-case basis. If approved, they will submit the *Two CSWs Form* along with the *SSP Authorization* to the FEA. The FEA will use the *Two CSWs Form* as a trigger to by-pass their security protocol. In these instances, paper time sheets must be submitted and a manual review of all the time sheets being submitted for that participant is required.

Identifying Related Risks

As Support Brokers help their employers fill out the *My Voice, My Choice Workbook*, they will notice that there are many prompts to help identify risks. When completing the *Workbook*, all risks need to be identified on the *Health and Safety Plan Worksheet*. A risk is a hazard that could endanger the participant's health or safety. The prompts include questions about health and safety to help identify possible risks. Below are examples of prompts regarding health and safety:

- "Who knows about your health and safety needs?"
- "Are there any behavior that may put your child or others at risk?"
- "Are there any relationships you are uncomfortable with?"

In the Family-Direction program, perhaps a child has medication that he must take immediately when he shows warning signs of an upcoming seizure. Not having the medication promptly could put his health at risk. The CSW should be trained on administering the medication, but what if the CSW is temporarily unavailable? Other adults in the immediate environment could be trained as a back-up plan.

Safety and Back-up Plans

If a risk identified is an issue of “immediate jeopardy” to the participant’s health and safety, three realistic back-up plans must be developed and included in the *SSP*. The back-up plans should be based on the participant’s need for services to avoid a risk to health or safety.

If a child exhibits any behaviors that put him or others at risk, there has to be a detailed safety and back-up on the *SSP*. If problem or at-risk behaviors were identified in the *Workbook* (discussed below) that jeopardize the health or safety of the child or others, or if there are other health and safety issues that others need to know of while supervising the child to ensure the child’s safety, a back-up plan must be developed for that support to direct the CSW supervising the child.

For any supports identified that require a back-up plan, first list the *Goal or Need* associated with the support, then state the support that needs to be provided, followed by three (3) other ways to obtain the help. A list of phone numbers to contact if a situation arises is not an adequate back-up plan.

The Risk Identification Tool

The safety and back-up plans are risks identified on the *Health and Safety Plan Worksheet*. There is a checklist available at the end of this manual to help identify risks. As covered in the last section, all risks identified involving immediate jeopardy to the participant’s health and safety must have a corresponding *SSP Back-Up Plan* that addresses the risk. However, depending on the nature of the support provided to lower the risk, there may not be an issue of “immediate jeopardy”.

A back-up plan must be developed for situations that place the participant’s health and safety in “immediate jeopardy”.

Participants may have health conditions or be more susceptible to medical emergencies that endanger their health and safety and place them in immediate jeopardy. These types of risks, such as the ones listed below, need to have back-up plans on the *SSP*.

- Seizures
- Dehydration
- Constipation
- Choking

Be sure to consult with the participant’s physician, when appropriate, prior to writing a back-up plan.

Support and Spending Plan Limitations

According to IDAPA 16.03.13.160, the *SSP* limitations include:

- Traditional Medicaid and traditional rehabilitative or habilitative services must not be purchased under the CDCS option. Because a participant cannot receive these traditional services and consumer-directed services at the same time, the participant, the Support Broker, and the Department must all work together to assure that there is no interruption of required services when moving between traditional services and the CDCS option;
- Services may be purchased from a developmental disability agency (DDA) that also provides services in the traditional model. The cost and service would be negotiated by the employer. If an employer wishes to enter into this type of agreement, it is mandatory to identify specific Community Support Workers (CSW) who will be supplying services under this agreement. The CSW remains the employee of the agency, but will provide individual services as directed, controlled and approved by the participant. The agency/CSW would have to agree to enter into a vendor agreement with a Fiscal Employer Agency (FEA), submit an invoice to the FEA and receive payment from the FEA.
- All paid community supports must fit into one of the types of supports described IDAPA 16.03.13.
- Community supports must be:
 - The right care, in the right place, at the right prices, with the right outcomes.
 - A safe and effective treatment that meets acceptable standards of medical practice.
 - Needed to optimize the health, safety and welfare of the participant.
 - The least costly alternative that reasonably meets the participant's need.
 - For the sole benefit of the participant.
- Supports must:
 - Maintain the ability of the participant to remain in the community.
 - Enhance community inclusion and family involvement.
 - Decrease dependency on formal supports and thus increase independence of the participant.
- Additionally, the *SSP* must not include supports or services that are illegal, that adversely affect the health and safety of the participant, that do harm, or that violate or infringe on the rights of others.
- Community supports for minor children must not supplant the role and responsibility of a parent or legal guardian.
- Community supports must not be provided in a group setting with recipients of traditional Medicaid, rehabilitative or habilitative services.
 - This limitation does not preclude participants from participating in community social or other events with their peers.
- CSW services can only be provided on a one-on-one basis, providing services in a group format is not allowed, even if all participants are Medicaid recipients.

- *SSPs* that exceed the approved budget amount will not be authorized.
- The FEA will not pay a CSW for services that exceed the agreed upon amount authorized on the *SSP*. Time sheets or invoices submitted in excess of the *SSP* agreement will not be paid.

According to IDAPA 16.03.10.523.04-05, additional *FDS* limitations include:

- Services that are available through the Medicaid Basic Plan Benefits.
- Duplication of services. (see IDAPA 16.03.10.523.05 for additional information)
- Vocational, educational, and recreational services.

Writing the Support and Spending Plan

The following list may help in writing the plan:

- Know what must be included in the *SSP*.
- Make a list of the participant's goals and needs for the plan year, as identified in the *Workbook*.
- Have the employer identify who is in the Circle of Support.
- The Circle of Support is involved with developing and creating the plan.
- Review the *Guide to a Family-Directed Life* manual.
- Review the *Workbook* to ensure that it is completely and thoroughly filled out.
- Know the amount of the annual individualized budget.
- Know what services and supports (allowable expenses) can be purchased with Medicaid funds and the usual rates for allowable services.
- Know all services the participant is receiving, both paid and unpaid. All services that are related to the participant's developmental disability need to be on the plan even if they are not included in the budget. For example, physical therapy services obtained at an outpatient clinic.
- Explore and identify natural supports, community resources and low-cost alternatives.
- Identify the risks and back-up plans.
- Have your employer and the Circle of Support identify how to access community resources.
- Identify what times and days the participant may need or want supports and services.
- Ask questions about how often extra help is needed.
- Find out if paid support during vacations is needed.
- Identify what the participant can do independently.
- Ensure the employer is in agreement with the information in the *Workbook*. If they do not agree, keep working with him or her and their Circle of Support until they do agree with what has been created.

Once you have completed all the steps and located the above information, the *Workbook* will be used to transfer information to the *SSP*. The plan has instructions for completing each step. Once the budget pages are complete, the *Workbook* and *SSP* is submitted to the FACS

DDFamilyDirectedProg@dhw.idaho.gov email. The submission must be submitted complete before the review will begin.

More Tips for filling out the SSP:

- Always use the current forms available on the external website or from regional DHW staff. Old forms may not contain all the necessary components. Do not use SDS forms for FDS and vice versa.
- Read and follow all instructions.
- Type the SSP.
- Make sure all pages are complete and correct. All blanks must be completed, if not applicable, type “n/a”.
- Identify specific, concrete goals that can be accomplished within the one-year plan timeframe.
- On the SSP’s *Authorization* sheet, place zeros in the support sections that will not be used.
- The FEA cost must be included in the budget.
- The total costs of all employees and goods must be included on the plan’s *Authorization* sheet, including the employer and sales taxes.
- Double check your math.

At the end of this manual, there is a sample children’s FDS *Support and Spending Plan*.

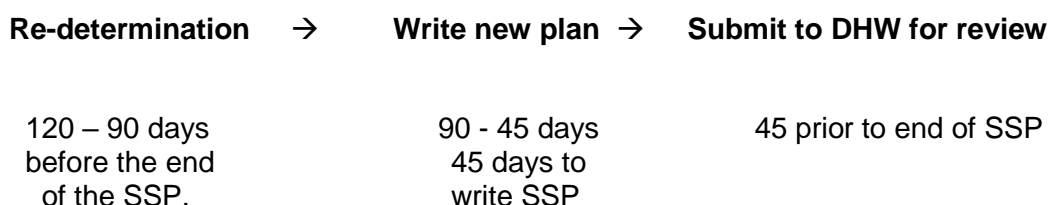
Application Update Form

To continue in the FDS program, a family must submit an *Application Update Form*. Please see the FDS website for this form. Without this form, the FDS Case Coordinator will be unable to process the participant’s *Support and Spending Plan*.

SSP Review Process

The completed SSP is submitted for authorization to the FACS Case Coordinator if the participant is a minor child. While an annual plan is being processed, the participant will continue with their usual services. If the participant is transitioning from the traditional model and this is the first time (s)he is accessing the Consumer-Directed Services Option, there may be a *Plan of Service* still active.

Note: The participant will receive a notice regarding eligibility re-determination at least 90 days prior to the end of the plan year. After eligibility for the program is re-established, the Support Broker and an employer have 90 days to complete a new SSP. It is important that a new plan is completed and submitted to the plan reviewer for review 45 days prior to the end of the current plan year.



CHAPTER FOUR: GETTING THE PLAN AUTHORIZED

Make sure the *Support and Spending Plan (SSP)* reflects the participant's goals and includes supports to help him or her become who they want to be. Use the Family and Community Services (FACS) Case Coordinator as a sounding board or reference as needed.

The annual SSP should be submitted for review 45 days prior to the start date of the plan. Please keep in mind, Support Brokers that submit incomplete plans could impair timely review of plans. All plan submissions are expected to be complete. Refer to Chapter Three for detail about what is required for annual and initial plan submission. Support Brokers who repeatedly submit incomplete plans could receive a Request for Corrective Action by Quality Assurance staff at the Department due to the possibility that a gap in service could occur as a result of an incomplete or missing plan.

Question: I don't have all the required documents I need to support the Initial Support and Spending Plan, but my employer really wants to start services. Can I turn in part of the plan while I'm waiting for the rest of the paperwork?

Answer: No. You could receive a Request for a Corrective Action Plan which could impact your certification as a Broker if you repeatedly disregard the process for plan submission. It could also further delay the start of services for your Employer.

Submitting The SSP To Be Authorized

Support and Spending Plans must be submitted complete and must be submitted at least 45 days prior to the plan expiration. Submit children's FDS SSP and *Plan Change Forms* to:
DDFamilyDirectedProg@dhw.idaho.gov

Please format the subject line of the email as such: Last Name, First Name, Topic of the document attached. For example, if the child's name is John Doe and the email is submitting a SSP, the subject line would read: *Doe, John: SSP*.

SUPPORT AND SPENDING PLAN REVIEW CONSIDERATIONS

It might help you to know what the Department Reviewers look at when they are reviewing a plan. In addition to all required plan documents outlined in Chapter 3, below are some of the criteria the plan reviewer uses to review the plan.

- Services and supports meet the guidelines for allowable expenses.
- Services and supports do not exceed the approved budget amount.
- The *My Voice, My Choice Workbook* has been reviewed, revised, and is included with the SSP. Each service or support includes the total cost, source of payment, frequency, duration, and an associated goal. The Support and Spending Plan template includes new details to help the team show average hours per day or week. This will help you create a detailed plan that everyone can follow.
- Detailed *Back-Up Plans* that outline three (3) back-ups when not having a natural or paid support show up to work would put the adult at risk of a health and/or safety issue.
- The SSP is typed.
- Each field on the SSP is completed, even if only with N/A (not applicable) or zeroes.

- The SSP is signed in two (2) places: *Choice Statement(s)* on the demographic page is signed and dated.
- Supporting documentation from other team members (example: a medical specialist, a counselor who has helped design a safety or back-up plan, etc.) is very helpful to show what the SSP is based on.

Take the Next Step:

**After reviewing the *Support and Spending Plan*, the Case Coordinator can either approve the plan, recommend changes needed to approve the plan, or deny the plan.
Make sure you and your employer are ready for any outcome.**

If the Department Reviewer Approves the Plan

If the SSP is approved, the DHW plan reviewer will:

1. Send the employer, FEA, and Support Broker a copy of the *SSP and SSP Authorization Notice*.
2. Pre-authorize the budget associated with the approved SSP.
3. If changing services from Traditional Services to Family-Direction, the Department Reviewer will deactivate any outstanding prior authorizations for any Traditional Services.

Once the SSP is approved, it is the Support Broker's responsibility to disburse a copy of the SSP to all the providers on the plan.

However, if the Department Reviewer Recommends Changes

If the SSP is not approved as submitted, the plan reviewer will call or email the Support Broker (or parent, if submitted by a parent for a minor child) with the following information:

- Reasons why the SSP was not approved.
- Instructions for re-submitting the plan if modifications are to be made.
- Instructions to request a Hearing, should the participant decide not to modify and re-submit the SSP.

If the re-submitted plan is approved, the plan reviewer follows the approval process.

If the Plan is Denied

If a participant disagrees with the plan denial decision, (s)he has the right to appeal the Department's decision and request due process. Appeals will follow the Department's standard administrative process found at *IDAPA 16.05.03 "Rules Governing Contested Case Proceedings and Declaratory Rulings"*. Instructions to submit an appeal will be delivered with the denial Notice of Decision.

The Fair Hearing Appeal

If the participant chooses to appeal a denial decision, the request must be submitted within 28 days of the denial decision. If the participant does appeal within 28 days, the "*Rules Governing Case Proceedings and Declaratory Rulings*" (*IDAPA 16.05.03*) will be followed. The appeal rights and how

to access the process is included in the Denial Notice that the participant receives when their SSP is denied.

In the children's program, an initial FDS SSP must be submitted to the Case Coordinator within 90 days from the date of initial eligibility. If a SSP is not submitted to the Case Coordinator within 90 days of this date, the case file will be closed. The Independent Assessment Provider will be notified to close the eligibility segment.

Once the case has been closed, if the family is later interested in obtaining services, they may complete an *Application Update Form* and send it to their Case Coordinator.

In the children's program, the Plan Start Date for initial FDS SSPs (initiating FDS services for the first time) will be the date the Case Coordinator authorizes the plan. **This is the date services can begin.** This date establishes the Annual Start Date of future plans. The Annual Start Date of future SSPs will be a year from the previous Plan Start Date. For example, if a parent signed the SSP on 5/1/15, the SSP start dates would be:

| | |
|----------|------------------|
| 1st year | 5/1/15 - 4/30/16 |
| 2nd year | 5/1/16 - 4/30/17 |
| 3rd year | 5/1/17 - 4/30/18 |

Services can begin upon the date the Case Coordinator authorizes the SSP.

CHAPTER FIVE: THE ROLE OF THE FISCAL EMPLOYER AGENT

What Does the Fiscal Employer Agent Do?

The Fiscal Employer Agent (FEA) will:

- Provide enrollment packets to participants, including employment forms for employees.
- Provide training on the enrollment process and employment forms.
- Check to ensure that employees are not on the *Medicaid Exclusion List*.
- Provide payment for all authorized services and goods that the employer receives through the Consumer-Directed Services Option, including taxes to state and federal taxing bodies on behalf of the employer.
- Provide monthly expenditure reports to the employer.
- Handle complaints and issues related to payroll and purchase problems.
- Provide other reports that the Department needs to monitor the quality of the service.

The FEA will give each participant an enrollment packet at the Guide Training. The enrollment packet includes forms to authorize the FEA to act as a payroll agent for the employer and to pay employees. The packet includes all the necessary tax forms for employees, *Employment Agreements* and waiver forms.

What Does the FEA Need to Do Their Job?

The FEA needs the following in order to process payroll and requests for vendor payments:

- A copy of the authorized *SSP* from the FACS Case Coordinator.
- Notification from the Department that prior authorization for specific service codes have been entered into the Medicaid payment system.
- Complete and correct *Employment Agreements* for each employee.
- Current certification or licensure for each employee as required.
- Current Criminal History Background Check clearance for each employee as required, or *Waiver of Criminal History Check* form.
- Complete and correct tax forms, including the W-4 and the I-9.
- An accurate and signed timesheet for each employee.
- A voided receipt and *Request for Vendor Payment* for each purchase of goods (see next section).
- An agreement between the insurance company and the employer regarding Worker's Compensation Insurance, if requested.
- If an employee submits a time sheet and does not have proper authorization for billing, or the time sheet exceeds the amount authorized, the FEA will not pay the employee. The FEA will contact the employer to notify him or her of the situation.

How Does the FEA Pay for Purchased Goods?

When your employer needs to purchase an item that is authorized on the SSP and covered under their individualized budget, the FEA pays the bill for the item. An employer must take the following steps to ensure payment for goods and services:

- Obtain a voided receipt for the item the employer wants to purchase from the vendor.
- Fill out the *Request for Vendor Payment* form (this form is in the enrollment packet).
- Mail the voided receipt with the *Request for Vendor Payment* form to the FEA.
- The FEA will send the employer a check for the exact amount on the voided receipt, made out to the vendor. The stub attachment will state specifically what can be purchased with the check.
- The FEA will not reimburse an employer for a purchase they have already made.
- The FEA will not send a check for an item that is not specified and authorized on the plan.
- The check it can be taken to the vendor to purchase the item(s).
- The employer must save the receipt for the item and attach it to the stub attachment. The receipt will be checked by Medicaid to ensure it matches the attachment for the specific item that was authorized.

***Goods other than the specified item cannot
be purchased with the check disbursed by the FEA.
If for some reason the good costs less than the amount on
the check, the extra funds must returned to the FEA.***

An *Employment Agreement* is submitted whenever the vendor is also an independent contractor or an agency. The appropriate *Employment Agreement* must be used to specify the number of hours, job tasks and wage. The *Employment Agreement* should be submitted with the *Request for Vendor Payment* to the FEA.

The Support Broker is responsible for submitting neat, organized and accurate paper work to the FEA. Inaccurate or unorganized paper work could delay the process significantly. Be sure to use the same form of the participant's name on all paperwork with all submissions (e.g., Bob vs. Robert).

CHAPTER SIX: COMMUNITY SUPPORT WORKERS

What is a Community Support Worker?

IDAPA Rule 16.03.13 defines a Community Support Worker (CSW) as “an individual, agency or vendor selected and paid by the participant to provide community support worker services.” Services are defined as:

- **Personal support** to help the participant maintain health, safety, and basic quality of life;
- **Relationship support** to help the participant establish and maintain positive relationships with immediate family members, friends, spouse, or others in order to build a natural support network and community;
- **Emotional support** to help the participant learn and practice behaviors consistent with plan goals while minimizing interfering behaviors;
- **Transportation support** to help accomplish identified goals, participants can pay a Community Support Worker for miles that they drive or pay them by the hour while transporting them to and from services and activities approved on the *SSP*; You can bill for transportation in the following ways:
 - **Transportation Support Services (TSS)**: An hourly rate includes both the mileage rate and hourly wage paid for any direct service be provided while driving.
 - **Transportation Mileage Reimbursement (TSM)**: Mileage is paid separately and can be billed at the same time as an hourly wage service when the hourly wage is being paid for a direct service while driving
- **Adaptive equipment** identified in the participant's plan that meets a medical or accessibility need and promotes his increased independence; and

In addition, IDAPA rule states if the identified support requires specific licensing or certification within the State of Idaho, the identified CSW must obtain the applicable license or certification.

In the Family-Directed Community Services program (FDS), a parent or legal guardian cannot be a paid CSW. A paid CSW:

- Must not supplant the role of the parent or legal guardian; and
- Cannot be paid to fulfill any obligations that the parent or legal guardian is legally responsible to fulfill for their child.

A paid CSW cannot be a parent or caregiver of the participant and must not have direct control over the participant's choices, must avoid any conflict of interest, and cannot receive undue financial benefit from the participant's choices.

CSW Age Requirements

For Family Directed Services - the Children's Program

- A CSW 16 years of age or older may provide unskilled, in-home services with adult caretaker present.
- A CSW 18 years of age or older may provide community support.
- A CSW 18 years of age or older may transport a participant into the community.

CSW duties and responsibilities include:

- Complete the DHW criminal history check process, including clearance in accordance with IDAPA 16.05.06, “*Rules Governing Mandatory Criminal History Checks*” or documentation that this requirement has been waived by the participant on a Department approved form. The employer must include the rationale for waiving the criminal history check and describe how health and safety will be assured in lieu of a completed criminal history check. The fee for the criminal history check cannot be paid for by Medicaid funds.

CSWs must report to their employer if they are charged with any criminal activity that might impact their ability to work with vulnerable adults or children. According to IDAPA 16.03.13, CSWs are required to report this charge immediately to their employer, the employer then is required to report it to DHW immediately. A substantiated charge of abuse, neglect, exploitation, or a criminal conviction of any crime which would disallow a person from being a provider to DHW participants, must be reported to their employer immediately.

Individuals listed on a state or federal provider exclusion list must not provide paid supports.

Prior to providing goods and services to the participant, the CSW must complete and return the packet of information provided by the FEA. When The CSW will be providing services, this packet must include documentation of:

- o A completed *Employment Agreement* with the employer that specifically defines the type of support being purchased, the negotiated rate and the frequency and duration of the support.
- o Current state licensure or certification if identified support requires certification or licensure;
- o If required, a statement of qualifications to provide supports identified in the *Employment Agreement* and *SSP*.
- The CSW must track and document the time required to perform the identified supports and accurately report the time on the time sheet provided by the participant’s FEA or complete an invoice that reflects the type of support provided, the date the support was provided, and the negotiated rate for the support provided. This documentation must also be maintained for Quality Assurance purposes.

By filling out his or her timesheet, the CSW is indicating that (s)he fulfilled all duties and obligations identified on the *Employment Agreement*. By signing and submitting the timesheet, the employer is verifying that the CSW fulfilled those obligations. Signing and submitting an incorrect or falsified time sheet constitutes Medicaid fraud.

Hiring CSWs

Helping Employer Find Workers

An employer may ask the Support Broker to help them find a CSW. This can involve helping the employer learn and implement the skills necessary to recruit, hire and train a CSW. These steps should be taken during this process:

- Review Ch. 2 regarding the Support Broker *Employment Agreement*. Make sure the scope of the task has been defined with your employer and that it has been written it into the *Employment Agreement* and agree on the amount of hours that the employer will pay to have you help with the recruitment and hiring of CSW(s).

- Define the specific tasks the Support Broker will need to perform. Tasks may include helping the employer develop a job description, placing an ad, contacting the local Job Service, interviewing and writing an *Employment Agreement*.

Define the Scope of the Community Support Worker Job

- Specify exactly what your participant's needs are, i.e. what will the CSW do for the participant.
- Define the skills needed for a CSW to meet those needs. Do they need training, education, licensing or certification in special areas?
- Identify any desired education, experience or specific physical abilities necessary for the job (e.g., if the job involves heavy lifting, specify how much and how often).
- Normal place of work and if the work may be in more than one place.
- In the qualifications section of the employment agreement, show specific qualifications demonstrating specialized skills, abilities, experience and/or training to show the CSW has the competence to support the participant to live as independently and safely in the community as possible.
- Specify whether or not the CSW will need to have a vehicle.
- Decide whether a criminal history check is warranted for the particular position (refer to Waiver of Criminal History checks).
- Help the employer write a draft of the *Employment Agreement* to serve as a guide.
 - Identify the frequency and duration of the service for each day, week or month.
 - Help your employer decide on a pay range that is within his or her budget (remember to add in additional employer tax expenses). The pay range must not exceed the prevailing market rate, according to IDAPA 16.03.13.120.03.
- The employment agreement calculations section must include the following information:
 - One specific service per box
 - Code that describes the service
 - Calculate the hours per year of the specific service
 - Wage per hour (do not include employer taxes or other costs)
 - Total Annual Cost of the service

***All sections of the employment agreement must be complete
or will not be accepted by the FEA.***

Writing a Job Description

It is important to define job specifics and requirements as well as how many hours and what type of support is needed so that the ad will attract the right person, for the right job.

- State the name of the job first (e.g., "personal care attendant", "support worker")
- Identify specific duties, hours and days of the week the service is needed (e.g., "support worker needed for person with disabilities Monday – Friday, at 9:00 am and 3:00 p.m.")

- State the location of the job if this is relevant (e.g., “Employer and job are in in Garden City”).
- Identify any necessary requirements (e.g., “Must have driver’s license, insurance, reliable vehicle, and telephone”, “Must be at least 21 years of age, and be able to pass a criminal history check”).
- State the hourly wage (e.g., “\$9.75 per hour”).
- List contact name and phone number.

Job Application

It’s recommended that each employer have a job application that applicants can complete and sign. Several examples can be found at the end of this manual. The employer may want to ask potential employees if they have ever been convicted of a crime, as this individual, if hired, may be put in situations which require a high degree of trust. Is the employer comfortable with a CSW who has been convicted of theft multiple times around his or her personal possessions? This is a decision each employer must make.

Finding Staff

There are many ways to find a good CSW for your employer; below are a few suggestions:

- The employer might already have someone in mind
- The employer might have some ideas about where to find CSW(s)
- Ask the employer’s Circle of Support for ideas, help and referrals
- Advertise at the local Job Service
- Advertise in the local newspaper
- Advertise on the internet
- Ask other families, participants and support brokers

Negotiating Duties and Wages

Once the employer has located a person who wants to work as a CSW, the next step is to complete an *Employment Agreement*. There may be some negotiation involved regarding the duties, hours and wages. The Support Broker needs to help the employer to complete a draft *Employment Agreement* to serve as a guide. The end result of whatever negotiation takes place will be written into the *Employment Agreement* contract.

Medicaid dollars can only be used for services that are provided. The Consumer-Directed Services Option does not allow employers to pay for sick time, vacation, over-time, holidays or for services that weren’t provided.

It is a good idea to offer a starting wage below the authorized amount on the SSP, so that the employer can give a merit and/or longevity raise in the future!

Waiving the Criminal History Background Check

An employer has the option to waive the criminal history background check for a CSW. This means an employer can choose not to have a criminal history background checked on a particular worker. However, if the employer chooses this option, (s)he will have to submit a written statement explaining why. This statement is attached to the *Employment Agreement* template. The statement must explain how the participant's health and safety will be protected if the criminal history background check is waived. The Support Broker is responsible for discussing the risks of waiving a criminal history background check with the employer.

At the end of this manual, you will find information about the Medicaid policy regarding criminal history background checks and waiving them. A Support Broker will sign the waiver form with an employer indicating that the Support Broker has addressed the issue with your employer. CSWs listed on a state or federal provider exclusion list cannot provide paid supports even if the criminal history background check has been waived by the employer.

A Criminal History Background Check “clearance” does not mean a person has never been arrested and convicted of a crime(s).

Listed below are some reasons that an employer might get a criminal history background check completed on a person before hiring them as a CSW:

- The CSW will be working in the home or directly with the participant when no one else is around.
- The participant may be vulnerable to suggestions and may have been taken advantage of by people in the past.
- The CSW is not well known to the participant or their Circle of Support.

Below are some reasons that an employer might want to waive a criminal history background check:

- The CSW is employed for a short time to do a specific task and will not interact directly with the participant in the participant's home.
- The CSW will never be in direct contact with the participant without someone else also being present at all times.
- The CSW is very well known to the participant and the Circle of Support and there are no concerns.

Helping Your Employer Get the Most from Their Employees

Review the *Guide to a Family-Directed Life* with your employer. The guide will help your employer find and keep the right worker.

Process to hire

Now that the employer has identified a CSW and completed the *Employment Agreement*, the new employee needs to submit the entire employee packet, including either the criminal history check or the waiver of criminal history background check, to the FEA. Once this is done and the FEA has issued an Employee ID Number (EIN) to the CSW, the CSW can begin working for the participant.

Monitor Your Employer's Satisfaction

Support Brokers are expected to talk to their employer on a regular basis about his or her satisfaction with all services. A Support Broker should build this into his or her routine visits and handle problems immediately. IDAPA rules state that the Support Broker will, '*submit documentation regarding the participant's satisfaction with identified supports as requested by the Department.*' If a CSW is doing the job well, the Support Broker and employer should be able to document it. Use the *Service Satisfaction Survey* to record the employer's concerns and feelings. A template of the survey can be found in at the end of the manual. Listed below are some suggestions for using the *Service Satisfaction Survey*.

A Support Broker must:

- Save the results of the survey; you may be asked to provide the results to the Department's Quality Assurance Team.
- Help the employer review the results with the CSW.
- Use results of the survey to discuss problems, concerns, or to justify raises.
- Use the results and the discussion to modify the employment agreement or specific tasks and plans, as needed.

Review your employer's satisfaction with their Community Support Workers at least 3 times a year. Schedule reviews every 3 - 4 months.

Annual individual participant reviews are conducted by the Department. This process ensures that participants continue to receive the right services for them and identifies any areas of concern. A Support Broker's work will also be monitored. The employer will be asked to participate in a satisfaction survey conducted by the Department. Problems or issues regarding performance as a Support Broker will be addressed by the Medicaid Bureau of Developmental Disabilities Services.

Reviewing the Community Support Worker's Timesheet

A CSW must submit their own timesheets. An employer may ask for help reviewing CSW time sheets, as the employer has to sign each time sheet before the CSW can be paid. The employer has the responsibility to make sure the timesheet accurately reflects dates, hours and category of service actually provided. If the participant has trouble understanding the timesheet, the Support Broker should help him or her with this task (be sure to include this task on the *Employment Agreement*). Also, the Support Broker should find out if there are *natural supports* that can help the employer or provide training or aids which will allow them to become more independent. The timesheet includes date of service, times of service and a service code. The codes are 3 digits and match the codes used on the *Employment Agreement*. Timesheets and instructions are provided by the FEA.

Advise all employers and employees to submit bills and timesheets to their FEA timely. There is no mechanism to fund bills and timesheets that are submitted late – submissions past the plan end dates may not be paid.

It is recommended to leave a minimum of a six week time period prior to the end of the plan year for your timesheet or bill to be processed by the FEA in case there is an issue with the request. Leaving billing to the last minute won't leave time to resolve any discrepancies between the employer and employee/vendor. The FEA, as the Medicaid provider, has a year to bill; the Support Broker and CSWs do not.

Help the employer keep a file with copies of important documents including, but not limited to:

- The *Workbook*.
- The complete Support and Spending Plan
- All workers' *Employment Agreements*.
- Completed time sheets
- All other program, tax and employment related documents

The Support Broker needs to make sure that the time sheet matches the *Employment Agreements* and *Support and Spending Plan* for category and code of service. For example, if Bill Jones's *Employment Agreement* states he will perform community integration services under the category of Personal Supports, the code is PSS. This is the code that needs to be on the time sheet. If Bill uses RSS, he will not get paid.

The Support Broker needs to check the date(s) of service for accuracy. Did Bill clean the medical equipment on the date that is stated on the timesheet? If the employer is unsure, the Support Broker can help create a calendar or some other method to track when CSWs come to work. The Support Broker can ask questions like "*is Bill supposed to come once a week?*" and "*When did he last come?*" and make observations to judge the situation. For example, does the equipment look like it has been cleaned in the last week?

The Support Broker needs to also check that the amount of hours for the service is a reasonable match for the annual amount that has been allotted on the *SSP Authorization Sheet*. If the *Authorization Sheet* states that community integration services will cost \$1,300 a year, and the employer states that Bill is supposed to come once a week and that he pays Bill \$7.25 per hour, the Support Broker can use a calculator to determine if the information is reflected accurately. In this example, Bill should be working about 3 hours a week. The timesheet should reflect that.

If something doesn't look right, the Support Broker should ask the employer, what (s)he would like to do about it. The Support Broker should encourage the employer to talk to the Circle of Supports and help the employer and the Circle look at options and resolve any problems. The Support Broker should not take immediate responsibility or control of the situation unless:

- It may possibly result in immediate threat to the health or safety of the employer.
- It constitutes Medicaid fraud.

In either of these cases, a Support Broker is mandated to immediately report abuse, neglect, exploitation and Medicaid fraud. Call Adult or Child Protection or law enforcement in the case of abuse, neglect or exploitation. Additionally, call the Medicaid Care Manager or the FACS Case Coordinator if Medicaid fraud is suspected.

Immediate Risk to Health and Safety

A Support Broker must report situations immediately in which a CSW's actions could result in an immediate risk to the health and safety of the participant. A worker may be endangering the participant through specific behaviors or omission of services. The CSW may not have sufficient training or may be purposefully exploiting the participant. An employer might feel bad for reporting problems and found out through the review of time sheets. The Support Broker should report the problem immediately if there is an immediate danger.

Nursing and other health related services may be essential to the participant's health and safety. If services are not being provided that should be, concerns need to be reported immediately to the employer, the Circle of Support and the Medicaid Care Manager or FACS Case Coordinator.

Brain Ticklers

Here are some scenarios that might occur:

- The Support Broker receives a call from a CSW. The CSW has been stopped by police while driving a participant to an activity and may be arrested. The CSW forgot to tell his employer that there was a warrant out for his arrest for an old problem he "forgot" to go to court about.
- A participant calls the Support Broker to tell them a CSW never showed up for work today.
- A CSW dropped the participant off at home and didn't check to make sure anyone else was there... and there wasn't.
- A CSW tells the Support Broker that a few weeks ago (s)he thought another CSW did something unethical with the participant.
- A CSW is doing personal errands, activities or chores while "on the clock", instead of providing services to the participant. For example, a CSW is frequently texting at work rather than completing agreed upon duties for the participant.
- The Support Broker suspects a CSW is engaging in inappropriate behaviors with the participant.
- A participant tells the Support Broker that (s)he thinks a CSW stole money from him or her.
- The Support Broker finds out that the CSW doesn't have any insurance on the car (s)he is using to transport the participant to and from activities.
- The Support Broker suspects a CSW is abusing, neglecting or exploiting the participant.

Preparing For the Worst

The Support Broker should take preventive measures. Remember, each identified risk must have three back-up plans which should be used as needed. Below are preventative measures Support Broker can take:

- Have a list of natural supports and phone numbers handy; use natural supports if possible when the workforce is not fully staffed. If the employer doesn't have any natural supports, make a goal to develop some.
- Discuss possible crises with the employer, the Circle of Support, and the CSWs ahead of time. Prepare them to cope with emergencies, role-play and identify hypothetical solutions.
- Create a list of community resources, such as neighborhood resource police officers, non-emergency police dispatch, food banks, churches, senior centers, low cost health/medical centers, etc.
- Keep a file on substitute CSWs and other people who have passed the criminal history check and who want part-time work.
- Ensure the employer has an accessible method to get hold of the Support Broker or a natural support as needed.
- Network with other Support Brokers to share resources.

You Have a Back-Up Plan, But Things Still Go Wrong - Now What?

If it's an emergency or life threatening, the Support Broker should call 9-1-1 immediately and don't try to handle the situation alone. The Support Broker should:

- Take the time to consult with the employer and the Circle of Support to identify a solution together if the situation doesn't place an employer's health and safety in immediate danger.
- Consider submitting a *SSP Change Form* if the crises is recurring. Frequent crises may indicate a need to change services, increase specific services, change a category of service or transition to the traditional pathway of services.
- Abuse, neglect, exploitation and abandonment issues must be reported immediately to either law enforcement or adult or child protection.
- Identify root causes and look for solutions.
- Respond positively to a crisis situation.
- Consider all pieces of the puzzle and be creative in your solutions.
- Ask questions.

Dismissing Staff

A Support Broker may have to help an employer dismiss a CSW, which can be a difficult and embarrassing task. A Support Broker needs to:

- Document
 - Keep copies of the *Service Satisfaction Surveys*. If there are on-going problems with minor issues such as lateness, inappropriate behaviors or language, record them. If an employer gives an employee a verbal warning or asks the Support Broker to do it for them, they need to put it in writing and ask the employer or the legal guardian to sign and date it.
- Involve the employer
 - Except in cases which present a threat to health or safety, the employer makes the final decision. If (s)he is uncomfortable with an attitude or behavior displayed by a CSW, talk about it to help identify the issue and encourage him or her to talk to the CSW about it.
 - Ask the employer to get feedback from the Circle of Support about the issues of concern.
- Attempt correction first
 - If the issue is an ongoing minor annoyance which is not immediately threatening to safety or health, the employer can attempt a plan of correction first.
 - Encourage the employer to identify what action might resolve the problem and discuss it with the CSW.
 - Set a specific, measurable and objective benchmark (e.g., "Within the next month, you will not be more than 10 minutes late to work and you will call ahead of time if you are going to be late").
 - Write down the plan of correction and have everyone sign it.
- Be direct and calm

- Help the employer stay calm by being a good role model. End the conversation if the employer gets emotional or upset.
- Stay objective while facilitating and assisting the employer.
- If the employer wants help making a decision, remain objective and help explore options.
- Put it in writing
 - If the employer decides that a CSW needs to be dismissed, help him or her put it in writing. It can be very simple and the employer does not need to give a reason if (s)he does not want to. Date and have the employer sign the memo.
- Have a back-up plan
 - Make sure there is a back-up plan. When a CSW is dismissed, it may leave a gap in needed services. A back-up plan must be put into place immediately.
- Report the termination of employment to the FEA
 - The FEA will provide a form to the Support Broker on which to report the termination.

Reporting Abuse, Neglect, or Exploitation

Idaho Statutes Title 16 Chapter 16 "Child Protective Act" (1) Any physician, resident on a hospital staff, intern, nurse, coroner, school teacher, day care personnel, social worker, or other person having reason to believe that a child under the age of eighteen (18) years has been abused, abandoned or neglected or who observes the child being subjected to conditions or circumstances that would reasonably result in abuse, abandonment or neglect shall report or cause to be reported within twenty-four (24) hours such conditions or circumstances to the proper law enforcement agency or the department. The department shall be informed by law enforcement of any report made directly to it. If the department knows or has reason to know that an adult in the home has been convicted of lewd and lascivious conduct or felony injury to a child in the past or that the child has been removed from the home for circumstances that resulted in a conviction for lewd and lascivious conduct or felony injury to a child, then the department shall investigate. When the attendance of a physician, resident, intern, nurse, day care worker, or social worker is pursuant to the performance of services as a member of the staff of a hospital or similar institution, he shall notify the person in charge of the institution or his designated delegate who shall make the necessary reports.

(2) For purposes of subsection (3) of this section, the term "duly ordained minister of religion" means a person who has been ordained or set apart, in accordance with the ceremonial, ritual or discipline of a church or religious organization which has been established on the basis of a community of religious faith, belief, doctrines and practices, to hear confessions and confidential communications in accordance with the bona fide doctrines or discipline of that church or religious organization.

(3) The notification requirements of subsection (1) of this section do not apply to a duly ordained minister of religion, with regard to any confession or confidential communication made to him in his ecclesiastical capacity in the course of discipline enjoined by the church to which he belongs if:

- (a) The church qualifies as tax-exempt under 26 U.S.C. 501(c)(3);
- (b) The confession or confidential communication was made directly to the duly ordained minister of religion; and
- (c) The confession or confidential communication was made in the manner and context that places the duly ordained minister of religion specifically and strictly under a level of confidentiality that is

considered inviolate by canon law or church doctrine. A confession or confidential communication made under any other circumstances does not fall under this exemption.

(4) Failure to report as required in this section shall be a misdemeanor.

Warning Signs of Abuse, Neglect, or Exploitation

These 'warning signs' are not proof that abuse, neglect or exploitation is occurring, rather, they are indicators that a problem may exist and further investigation or discussion with the participant's Circle of Support is needed. Any injury or condition that will impact the health and safety of the participant needs to be attended to immediately, regardless of whether the cause is known. Below are examples of common indicators of abuse.

Physical Indications

- An injury that has not received medical attention or that has not been properly cared for.
- An injury that is inconsistent with the explanation for its cause.
- An indication of pain or discomfort at being touched.
- Cuts, burns, puncture wounds, scratches, bruises or welts anywhere on the body.
- An appearance of dehydration or malnutrition when there is no known cause of such condition.
- A sallow complexion or otherwise abnormal skin coloration.
- Dark circles around eyes, sunken eyes or cheeks.
- Misuse of medication or inappropriate administration of medication by a caregiver.
- Soiled clothing or bed linens.
- "Doctor shopping" (i.e., frequent use of hospital emergency rooms or different doctors).
- Frequent changes in staff (e.g., CSWs or vendors).
- Chronic lack of necessities such as food, running water, heat or electricity.
- Chronic lack of personal items such as a comb, soap, and clean clothes.
- Imposed isolation (i.e., the participant is discouraged or prevented from attending community events, church, the senior center or from seeing friends and neighbors).

Behavioral indications

- Fear
- Anxiety, agitation
- Anger
- Withdrawal
- Depression
- Non-responsiveness, resignation, ambivalence
- Excuses or implausible explanations, contradictory statements
- Reluctance or hesitation to discuss certain subjects or to talk about a caregiver, family member or other person to whom the participant is dependent
- Confusion disorientation

Suspect Caregiver Behavior

- Prevents the participant from speaking to or seeing visitors

- Displays anger, indifference, aggression or sexually suggestive behavior toward the participant.
- History of substance abuse, sexual predation, mental illness, criminal behavior or family violence
- 'Cold' demeanor (i.e., shows no affection or is openly disrespectful of the participant)
- Flirts or uses sexual innuendo to communicate with the participant
- Makes conflicting statements or offers implausible explanations regarding injuries or condition
- Describes the participant as a burden or nuisance

Indications of Exploitation

- Frequent expensive gifts to the caregiver from the participant
- Personal papers, credit cards, checks, or savings account paperwork are missing
- Caregiver's name has been added to the participant's bank account, deed or title to property
- The participant has numerous unpaid bills
- There is a new or recently revised will, but the participant is physically or cognitively incapable of writing or revising such a document.
- The participant has no concept of how much monthly income he or she receives
- The participant's signature appears on a loan application
- There are frequent checks for cash drawn on the participant's account
- There are irregularities on the participant's tax return
- The caregiver refuses to allow the participant to spend his or her own money.
- Signatures on checks or other documents which are allegedly those of the participant do not resemble that participant's known signature or are otherwise suspicious in appearance.

To Report Suspected Abuse, Neglect, Self Neglect or Exploitation

Adult Protection:

**Idaho Commission on Aging
Regional Contacts found on
aging.idaho.gov**

***Child protection: During business hours,
call the Idaho CareLine by dialing 2-1-1 or 1-800-926-2588 (TDD 208-332-7205),
for number in your nearest town.***

CHAPTER SEVEN: CONTINUING DUTIES FOR THE SUPPORT BROKER

Maintain Regular Contact

Support Brokers need to make sure their employers can easily contact them in case of an emergency and have a back-up plan in case they are unavailable.

Documentation

It is the employer's responsibility to determine what kind of documentation they would like from their employees, including Support Brokers and Community Support Workers. If they want the Support Broker or Community Support Worker to track their time they must include that in the *Employment Agreement* in the space indicated.

It is recommended that employers work with Support Brokers to document their time.

Written Documentation should always include, but is not limited to:

- Services the Support Broker provides to help the employer self/family-direct.
- Contacts with an employer by phone, mail, email, or in person. It is recommended that the Support Broker meet with employers at least quarterly to review their satisfaction with services.
- Note in documentation what took place during the contact, how long it lasted, and if there were any issues or concerns.
- Contacts with the Participant's Circle of Support.
- Meetings with CSWs, other program representatives and stakeholders.
- Any complaints and what follow-up was conducted.

Suggestions for content of agreed upon written records should include the following information:

- Date
- Purpose or reason
- Brief summary of discussion
- Who was present
- Time spent
- Outcome
- Appropriate signature(s)

Plan Changes

A *Plan Change Form* is required when there is a change in:

- Support type (e.g., moving money from Relationship Support to Personal Support)
- The service being provided
- A service is added or deleted from the plan
- A good is added or deleted from the plan

- An increase in cost or wage of an employee

A *Plan Change Form* is not necessary when the only change is a change in an employee, vendor or agency providing a service already on the plan. In these cases, paperwork will need to be completed with the FEA, such as an employment packet or contractor enrollment packet, when there are changes in provider. Any plan change that results in a change in an employee's hourly wage or the service category from which that employee is paid must be accompanied by a new *Employment Agreement*, sent to the FEA.

Additionally, if there needs to be a change in the rate of pay of a CSW beyond what is budgeted on the *Support and Spending Plan*, a new *Plan Change Form* must be submitted.

The *Plan Change Form* can be found on each program's web site. An example of a *Plan Change Form* for the Family-Direction Program is in the appendix of this manual.

What Happens When a Plan Change Is Submitted?

- The FACS Case Coordinator receives a plan change request.
- The Case Coordinator reviews the plan change request within 5 business days of its receipt.
- The Care Manager/Case Coordinator determines whether the support, good, and/or service meets the criteria for allowable expenses and falls within the individualized budget.
- The Case Coordinator ensures that risk factors are adequately identified and safety plans are provided for each risk.
- An *Authorization Sheet* must be submitted listing the new service, task, or good requested.
- Incomplete requests will delay the review timeframe.

Q: When is a plan change necessary?

A: Any shift in money from one category to another requires a plan change. Adding a new service, task, or good, or deletion of a service which has a safety plan attached to it, requires a plan change.

Request for New Budget Allocation

Participants can request a new budget allocation if they have had a significant change in condition which requires an increase in supports that cannot be met by the existing budget allocation. If an employer and Support Broker believe this is the case, the Support Broker needs to contact the regional FACS Case Coordinator. They will instruct you on the process to be followed when there has been a significant change of condition. The employer or Support Broker will submit information and supporting documentation which verifies a significant change in condition has occurred to the regional FACS Case Coordinator. The Case Coordinator will submit this information to the Independent Assessment Provider who will assess the change in condition and follow established protocols for determining if a budget increase is supported.

Budget Oversight

An important duty of the Support Broker is to help employers monitor and review their Consumer-Direction budget. Employers can lose the right to participate in Consumer-Direction if they cannot stay within the budget assigned.

Employers will get a monthly statement from the FEA. The statement will include an account of what has been spent each month and how much money is left in the budget. The statement will include specific amounts for each bill that has been paid on his or her behalf. The employment and vendor agreements state the details of how much money can be spent on each specific support and service. The FEA will match the bills they pay to those agreements. If bills don't match, are over the authorized amount, or the amount of money for a specific service has been exhausted, the bill will not be paid.

Support Brokers need to review each monthly statement with their employer and match it to the amount that has been budgeted for each specific support and service. It is the Support Brokers' job to help their employer resolve any difficulties. They should find a good way to visually show an employer how much money is being spent and how much is remaining each month. There are many types of budgeting tools on the market and they should use what works best for each employer.

Annual Re-Determination

Employers will be evaluated annually to determine if they still meets the criteria for Children's Developmental Disabilities 1915i Home and Community Based Services State Plan Option. Support Brokers need to assist their employers with this process. Approximately 120 days before the end of the annual plan, employers get a letter from the Independent Assessment Provider. This letter will inform them of what is needed in order to continue services for another year.

Employers will need to schedule an appointment with the Independent Assessment Provider to review the past year and update medical and social information. A new evaluation of their functional abilities may be conducted. The evaluation tool that is used for this purpose is called the Vineland Adaptive Behavior Scales. The Vineland is used to determine if a participant meets criteria for 1915i HCBS, according to IDAPA Rule.

An employer may find out that (s)he is no longer eligible for Children's Developmental Disabilities support services. If this happens, the participant will no longer be eligible for the Consumer-Directed Option. If a participant chooses to appeal this decision, the current plan will be extended until the hearing is finalized. If the denial is upheld, recoupment of funds from the date of the denial is a possibility. Support Brokers are responsible for helping their employers prepare to transition out of the level of services they are getting.

If a participant remains eligible for the Consumer-Directed Services option and wants to continue with this service delivery model, (s)he will continue to need a Support Broker. Each participant will need to develop a new *Support and Spending Plan* for the upcoming year with services and supports within the new annual budget determined and allocated by the Independent Assessment Provider.

Employer Responsibilities

Another continuing duty of a Support Broker is to help employers meet their responsibilities on the Consumer-Directed Services Option.

Each participant agrees to the following:

- Accept the guiding principles of the Consumer-Directed Program.
- Participate in person-centered planning meetings.
- Negotiate payment rates for paid community supports and services.

- Complete *Employment Agreements* for the FEA, the Support Broker and CSW services. Submit those agreements to the FEA on Department approved forms.
- Ensure that *Employment Agreements* contain sufficient detail for the type of support/services that are being purchased.
- Develop a comprehensive *Support and Spending Plan*.
- Review and verify time sheets and bills.
- Participate in the quality assurance process.

Health and Safety

Another important responsibility of Support Brokers is to help their employers protect the participant's health and safety. They need to identify risk factors, develop safety plans, develop backup plans, and mitigate risks whenever possible. Support Brokers are responsible for communicating with the appropriate authorities if they believe the participant's health or safety is being threatened.

This responsibility includes reporting if a participant is threatening his or her own health or safety in any way. Perhaps a participant is refusing to take medication or living in an unsafe environment. The participant may be acting disoriented or confused and refuse to go to the doctor. In a non-life threatening situation, a Support Broker would need to call on a parent/legal guardian, another natural support, or contact a DHW staff member. In a life-threatening situation emergency services or law enforcement should be contacted immediately.

Complaints and Critical Incident Report

A complaint is a statement of dissatisfaction with services. A critical incident is a serious situation which results in an immediate threat to a participant's health, safety, or well-being. A complaint about Medicaid services or services related to the Family-Directed Program should be directed to the individual's assigned Case Coordinator.

All critical incidents need to be reported to the participant's Circle of Support, the regional Quality Assurance Specialist, and emergency services, such as law enforcement, or Adult or Child Protection immediately. Some examples of critical incidents are death, attempted suicide, substantiated abuse and neglect, unusual restraint, fiscal fraud, break-in and burglary, over-dose of medication or similar events.

An accident is a mishap or mistake which did not occur as a result of any purpose or intent. If an accident occurs that has physical, emotional, or legal ramifications for a participant, the Support Broker must report it immediately to the legal guardian (or parent if the participant is a child).

Maintain the Circle of Support

An ongoing part of a Support Broker's job is to maintain and develop a participant's Circle of Support. The Support Broker should look for opportunities to expand the Circle. Community activities are opportunities to meet new people, develop relationships and build natural supports. If the participant doesn't engage in any community activities, try to find some that the participant would like to attend. There are low-cost and free activities in all communities.

CHAPTER EIGHT: TRANSITIONING FROM CONSUMER-DIRECTED SERVICES

Voluntary Transition for Children on Family-Direction

Return to a Traditional Program

Participants can return to traditional services by contacting the Case Coordinator and stating they wish to discontinue their participation in the Family-Direction option. If a participant wants to return to the traditional pathway, the Case Coordinator will contact the regional supervisor to connect the parent/guardian to a regional Case Manager.

Participants can transition between Family-Direction and Traditional services one time per plan year. A participant's budget does not start over when they transition between pathways.

Involuntary Transition from the My Voice, My Choice Option

The Department may choose to remove a participant from the Family-Direction option if (s)he refuses to utilize or abide by required supports or if the participant's choices directly endanger his or her own health, welfare or safety or that of others. A participant may not be able to continue in Family-Direction option if (s)he is not:

- Willing to work with the Support Broker, FEA or Circle of Support
- Following the *Support and Spending Plan*
- Following the risk and safety *Back-up Plans*
- Following the procedures of the program

Transitioning Out Of The Family-Directed Community Supports Program

No Immediate Jeopardy to Health and Safety

If there is no immediate jeopardy to the health or safety of a participant, DHW will send a letter by certified mail notifying the participant of the concerns. The letter will:

- State that the participant will be removed from the Family-Directed option unless specific identified concerns are remedied.
- List the specific concerns and the date by which a plan of correction needs to be submitted.
- Allow the participant 10 business days to submit a plan of correction.

After receiving the letter, the participant can pursue one of the following options:

Option 1: Participant submits a Plan of Correction to the Department within 10 days.

Option 2: Participant does not submit a Plan of Correction to the Department within 10 days.

Option 1: Participant Submits a Plan of Correction Within 10 Days

The Department reviews the plan to determine whether the noted concerns have been addressed. The Department will either approve or deny the Plan of Correction.

Approved Plan of Correction

- The Department will send a letter to the participant and Support Broker notifying him or her that the Plan of Correction has been approved.
- The Department will monitor implementation of the Plan of Correction through the quality assurance processes.

Denied Plan of Correction

- The Department will send a letter to the participant and the Support Broker stating the Plan of Correction has been denied and the participant is being removed from the Consumer-Directed Community Supports Option. The letter will include the date the removal will be effective and the appeals process.
- A Department Case Manager will meet with the parent/guardian and complete a Plan of Service to begin services in the Traditional pathway.

Option 2: Participant Doesn't Submit a Plan of Correction Within 10 Days

- The Department will send a letter to the participant and the Support Broker stating that a Plan of Correction has not been submitted and the participant is being removed from the Family-Direction Option. The letter will include the date the removal will be effective and information on the appeal process.
- If the participant, or the legal guardian, requests continuation of services with a developmental disability, the Case Manager will complete the planning meeting to write a Traditional Plan of Service.

Immediate Jeopardy To Health and/or Safety

If the FDS Case Coordinator determines a child's health or safety is in immediate jeopardy (s)he will:

- Send an *Immediate Removal from FDS Option Notice* by Certified Mail-return receipt requested to the individual and their Support Broker stating the individual is being removed from Family-Directed Community Supports Option. The *Notice* will include the date on which removal is effective and appeal rights.
- Prior authorize community crisis supports using the standard business procedure for prior authorization (if applicable).

No Immediate Jeopardy To Health and/or Safety

- FDS Case Coordinator will send a Plan of Correction Notice by Certified Mail—Return Receipt Requested to the family or legal guardian and their Support Broker which states the child will be removed from the Family-Directed Supports Option unless non-compliance with identified program requirements is remedied.
- The *Notice* will list the specific concerns that need to be addressed and the date by which a plan of correction needs to be submitted to the FDS Case Coordinator.

- The *Notice* will allow the family or legal guardian ten business days to submit a plan of correction relevant to the identified concerns. After receiving the Notice, the family or legal guardian can pursue one of the two following options:

Participant Wants to Access the Consumer-Directed Option Mid-Plan Year

Participants that want to access the Consumer-Directed Option before the usual annual re-determination date need to contact the Case Coordinator and request information about the program. The regional staff will give them the date and time to attend an orientation meeting and Guide Training.

Termination of Support Broker Services

According to IDAPA 16.03.13, if a Support Broker decides to end services with a participant, (s)he must give the participant at least a 30 day written notice prior to terminating services. The Support Broker must also assist the participant to identify a new Support Broker and provide the participant and new Support Broker with a written service transition plan by the date of termination.

CHAPTER NINE: TRANSITIONING FROM CHILDREN'S TO ADULT SERVICES

The Family-Direction Program ends upon the child's 18th birthday. DHW's goal is to provide a process to smoothly transition to the adult program and minimize any interruptions in services.

Three months prior to turning 18, an application can be submitted for adult DD waiver services, however, the only adult DD service that can begin prior to the age of 18 is plan development. Medicaid staff in the adult program will complete an intake process then forward the application and any other intake documents to the Independent Assessment Provider (IAP) to determine program eligibility for adult DD services.

Upon receiving the referral from DHW, the IAP can begin the assessment process and determine eligibility prior to the child's 18th birthday. Documentation is needed for eligibility determination for adult services. Participants may need to be referred for evaluations and diagnosis or asked to obtain evaluations through their school (for autism a standardized autism assessment such as the ADOS, for seizure disorders a recent neurological evaluation is helpful, a physician's evaluation for cerebral palsy, etc.) When eligibility has been determined due to an Intellectual Disability, a psychological evaluation using an adult IQ test is most often required to determine eligibility for the adult program. It is very helpful to have this completed prior to transition to adult programs.

The IAP will send the participant a letter indicating if they are eligible for DD and waiver services and the budget amount. If the participant is deemed ineligible, the letter will include information on their right to appeal of the decision.

Remember, the Self-Directed Community Supports (SDS) is a program option for adults eligible for the Adult Developmental Disabilities Waiver. Family-Directed Community Supports (FDS) is a program option for children eligible for the Developmental Disabilities 1915i HCBS State Plan Option. Simply stated, the eligibility criteria for the FDS program is broader than the eligibility criteria for the adult program, SDS.

Not all children on in FDS program will be waiver level of care, thus may not be eligible to continue in the SDS program.

Participants who are eligible for the adult DD Waiver can choose the Traditional pathway or the SDS pathway. Participants who choose SDS will be referred back to a Medicaid Care Manager to continue this process.

Participants that choose the adult Traditional pathway will make a decision regarding what agency they would like to have as their Plan Developer and begin the person-centered planning process that leads to the development of an adult DD services plan that will guide services through the next year.

Financial Eligibility

Participants transitioning from children to adult services must complete the process to get adult Supplemental Security Income (SSI) benefits in order to continue their Idaho Medicaid. In most cases, this process cannot be completed until the child turns 18. It is critical to follow the Social Security Administration's adult disability determination process timely as letting it lapse will affect the participant's Medicaid eligibility.

Transition from adolescence to adulthood

The years between 14 and 18 of age are important years in the transition process. There are many considerations beyond DHW disability services. Below are considerations to keep in mind during the transition process:

Adolescence

- Initiate transition planning with IEP team annually beginning at age 14
- Include functional academics to support independence and life skills
 - Math (budget, money management skills)
 - Reading (identification and comprehension, community safety signs)
 - Writing (filling out forms, signing checks, writing resumes)
 - Pre-Vocational skills
 - Computer use
- Identify career interests and skills; additional education or training requirements
- Broaden experiences with community activities and expand friendships.
- Obtain a state of Idaho ID card and learn how/when to use it

Approaching Adulthood

Self-Determination

- Knowledge of one's own disability and learning style
- Knowledge of rights
- Knowledge of appropriate, effective communication and assertiveness skills

Independent Living Skills

- Planning for emergencies and crises - are there other health and safety issues?
- Community training (banks, post office, shopping, libraries, transportation, etc.)
- Residential living skills (cleaning, paying bills, other household maintenance tasks)
- Communication skills
- Recreation/leisure and social relationships
- Self-medication/health and safety

Other Issues to Consider

- Guardianship
- Special needs trusts/estate planning
- Insurance
- Income and benefits maintenance (Medicaid, SSI)

Adulthood

- Adult Care Management (Idaho Bureau of Developmental Disability Services)
- Social Security and Medicaid

Career Exploration and Development

- DVRS (Division of Vocational Rehabilitation Services) is a possible resource
- Vocational evaluation
- Job exploration and job sampling, apprenticeships and part-time employment

- Supported Employment
- Vocational/ technical school

SSI & Children Turning 18

SSI or “Supplemental Security Income” is a federal program that provides monthly payments to individuals with limited income and few assets who are 65 years of age, blind or have another disability. The program, ran by the Social Security Administration, is not financed from Social Security taxes or the Social Security Trust fund, rather by the general revenue funds of the US Treasury.

Applicants with disabilities must meet Social Security's definition of a disability to be eligible for assistance. A disability is a "physical or mental impairment that is expected to keep an individual from doing any substantial work for at least a year or is expected to result in death."

When a child with a disability turns 18, several things happen in relation to his/her Supplemental Security Income (SSI) benefits. First, the young adult must reapply with the Social Security Administration for SSI benefits as an adult. The Social Security Administration will use a different disability criteria than what was used to evaluate a child's disability. If a child has been receiving Social Security - Child's benefits, when he/she turns 18, he/she will have to apply to begin receiving benefits as a “Disabled Child” who is an adult.

Participants can prepare for this re-application by keeping medical and school records updated and complete. Participants may be asked to provide records that document a condition and how it affects the ability to work. This may include records such as:

- ✓ Hospital stays and surgeries
- ✓ Visit to doctors and clinics, dates, reasons and address,
- ✓ Names of medicines
- ✓ Work History (employer, address and dates worked)
- ✓ Counseling and therapy
- ✓ School information including special classes, programs or tutoring
- ✓ A list of teachers and counselors who have knowledge of the child's condition

The family's income and resources will no longer be considered when determining an adult's financial SSI eligibility; only the participant's resources and income will count. Once a child turns 18, the amount of his/her SSI check will be based on his/her monthly income and living arrangement.

Parents or legal guardians should receive a packet from the Social Security Administration with information about re-determination of the participant's benefits as an adult. It is critical that you respond promptly to this letter. If you don't receive a letter, contact your local Social Security Administration office. Request that SSI coverage be extended, if necessary, while an adult eligibility determination is being made.

Guardianship

At the age of 18, a parent's natural guardianship ceases by law, whether or not their child has a disability - regardless of the severity of the disability. Any person attaining the age of 18 is

recognized as a competent adult by law, and remains so unless found incapacitated by a court of law. Without the court determination that an individual is incapacitated, that individual retains all constitutional rights and is responsible for making his own decisions. These rights include the rights to make decisions regarding residence, medical care, contracts, marriage and lifestyle.

Not all people with a developmental disability need a guardian. Support from family or other trusted people can provide necessary support to make important decisions. Other types of support such as a joint bank account, rep payee, power of attorney assistance and counseling maybe all that is necessary.

Parents often wish to try to protect their child by establishing some control over their adult child's life. They may fear that their adult child may not act responsibly, be taken advantage of or make poor decisions. Unfortunately, a guardianship is not typically an effective means to prevent this. Although legal authority is established upon the appointment of a guardian, the guardianship itself cannot stop a protected person from taking actions that their parents may not agree with.

Disability Rights Inc, Idaho (DRI) has published a very helpful guide on guardianships and conservatorships. This publication "*Self-Advocacy Guide to Guardianships*" is found on their website at <https://disabilityrightsidaho.org/resources/>.

Residential Services

As children reach adulthood, they often prepare to leave the nest. Adults with a developmental disability may live independently in the community with varying levels of support. Regardless of the living situation, it is important that individuals have both choice and independence to keep them health and safe.